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ABSTRACT

This bulletin takes a broad view of children in history, their current problems and needs throughout the world, and directions to be taken for fulfilling those needs. The world population of children under age 15 is projected to increase by 500 million to 1.9 billion in the year 2000. Despite the bonds created by global communications, large disparities still exist between the 80 percent of the world's children now in less developed regions and those in the more developed world in terms of health, education, food, shelter, water, sanitation, and possibilities for achieving their full potential and rights as human beings. Closing this gap can best be done by the low-cost, basic services approach (pioneered by United Nations agencies and several developing countries) which involves the participation of the people concerned at the community level in an integrated development approach, supplemented by action at the national level to change laws and policies which still prevent worldwide implementation of the 1959 U.N. Declaration of the Rights of the Child. Action is also needed in more developed countries on the growing problems created for children by such factors as changes in the family, increased women's employment, the prolongation of adolescence, remaining pockets of poverty, and affluence itself. (Author/RH)

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World of Children

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International Year of the Child 1979

World of Children

By Magda Cordell McHale and John McHale, with Guy F. Streatfeild

Abstract—Together with a companion "World's Children Data Sheet" and a chartbook on "Children in the World," this *Population Bulletin* is issued to mark International Year of the Child 1979 and the 50th anniversary of the Population Reference Bureau. The *Bulletin* takes a broad view of children in history, their current problems and needs throughout the world, and directions to be taken for fulfilling those needs. Estimated at an overall 1.4 billion in 1975, children under age 15 are projected to increase by 500 million to 1.9 billion in the year 2000. Despite the bonds created by global communications, large disparities still exist between the 80 percent of the world's children now in less developed regions and those in the more developed world in terms of health, education, food, shelter, water, sanitation, and possibilities for achieving their full potential and rights as human beings. Closing this gap can best be done by the low-cost, basic services approach pioneered by United Nations agencies and several developing countries which involve the people concerned at the community level in an integrated development approach, supplemented by action at the national level to change laws and policies which still prevent worldwide implementation of the 1959 U.N. Declaration of the Rights of the Child. Action is also needed in more developed countries on the growing problems created for children by such factors as changes in the family, increased women's employment, the prolongation of adolescence, remaining pockets of poverty, and affluence itself.

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CORRECTION

Page 24, righthand column, line 4.

The reference to the estimated number of abandoned children in Brazil should read 2 million.

This work was funded through the U.S. Agency for International Development. The conclusions do not necessarily represent the views of the U.S. Government.

UNICEF photo by Saiyan

Our world of children now includes some billion and a half under the age of 15; by the year 2000 there will be close to two billion of them. International Year of the Child 1979 has been proclaimed by the United Nations for advocacy and action on their behalf.

World of Children

By **Magda Cordell McHale**
and **John McHale**
with **Guy F. Streatfeild**

Center for Integrative Studies
University of Houston, Texas

On December 21, 1976, the United Nations General Assembly formally proclaimed 1979 as the International Year of the Child (IYC). UNICEF has been declared the lead agency to coordinate national and private efforts for advocacy and action on behalf of children, under the direction of Special Representative for IYC, Dr. Estefania Aldaba-Lim, on leave as Secretary of the Philippines' Department of Education and Culture and Chairperson of the Philippines Commission on Population. More than 120 countries have set up National Commissions for IYC.

In place of a World Conference and a World Plan of Action, the emphasis for IYC is to be on encouraging community-level action to increase services for children and national action to change laws and policies which still prevent the 1959 U.N. Declaration of the Rights of the Child from being implemented in many parts of the world. As a contribution to International Year of the Child to help provide the necessary background for such action, and in celebration of our 50th anniversary, the Population Reference Bureau is pleased to present a trio of materials specially prepared by Magda Cordell McHale and John McHale, with Guy F. Streatfeild. This Population Bulletin, *"World of Children," takes a broad view of children in history, their current problems and needs throughout the world, and the directions to be taken for fulfilling those needs. A companion chartbook, "Children in the World," portrays the current status of the world's children in over 60 graphic charts and tables. A special version of PRB's well-known annual* World Population Data Sheet, *"World's Children Data Sheet," provides demographic, health, education, and nutrition data on children for the world, regions, and 150 individual countries.*

Publication of these PRB materials honoring International Year of the Child was made possible by a special grant from the U.S. Agency for International Development.

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The authors wish to acknowledge the help received in preparing this Bulletin *from their colleagues at the Center for Integrative Studies, Terri Phillips and Angela Gonzales; the invaluable materials made available by Dr. Noel Brown, Chief of the Liaison Office, and Gabrielle Gervais, Liaison Officer, of the United Nations Environment Programme, and Dr. Ivan Schwarz, Chief of Documents, Reference and Collections, Dag Hammarskjold Library, United Nations; and additional research undertaken by Martha Sanford Munitz and Evan McHale.*

Human society perpetuates itself in and through its children. They are the legacy of its past and present and the bridge to the future. Their numbers, location and circumstances mark the level of our progress and development today, and directly shape the world of tomorrow.

As the child foreshadows the adult, its status and nurture is a sensitive indicator of the quality of life in our societies and a reflection of our individual and collective values, hopes and aspirations.

In the last quarter of the 20th century, concern with the conditions of the world's children has become part of a wider concern with the overall purposes and direction of human development. At the heart of the global debates of the past decade—on environment, on population and food, resources and growth, international equity and power—a focus has emerged on the meeting of human needs and the enlargement of human potentials as the main purpose and chief measure of all social, economic, and political development. This growing appreciation of the central place of the human in development now extends to the development of children. They are no longer viewed merely as a kind of property, as new resources for, or burdens upon, society's growth, nor as tools for its economic and other purposes, but are valued in and for themselves and for their hope, potential, and rights as human beings.

This is the ideal. How far the ideal has and can be met is the focus of this *Bulletin*, as it is of the International Year of the Child.

The Dimensions of Childhood

The universal condition of childhood is marked by numerous experiences common to everyone. But diversities are equally great, beginning with variations in definitions of "the child." For most purposes in most societies today, however, childhood spans the years from birth to the 15th birthday, or ages zero through 14. This is the age range targeted for International Year of the Child and used generally throughout this *Bulletin*. The discussions of adolescence, however, overlap into the middle and sometimes later teen years.

All human beings are born relatively undeveloped and wholly dependent. In the long period of maturation, they must learn to cope with their developing needs, wants, and body functions—to take food, walk, talk, and generally learn appropriate behaviors toward others with regard to age, sex, parent/kinship and other relationships. These universals are reinforced by some uniformities of social and cultural survival, such as learning to wear clothes, use tools, and live within certain accepted social rules.

The diverse dimensions of the childhood experience are as varied as the geographic, ethnic, social and cultural environments of the societies in which they take place. A child's growth and development are powerfully influenced by differing diets, family structures, child-rearing practices, social and cultural activities, and levels of opportunity and aspiration.

Diverse perceptions of a child's status and rights have also enhanced the variety of the childhood experience.

Historically, children were often seen as blank slates upon which society wrote its prescriptions for character and maturity. Or they were characterized as possessing innate tendencies for good, or, more often, for evil which must be contained and channeled into approved ways of behavior. In line with both views, most societies, whether believing in original sin or primal innocence, have promoted submissiveness, obedience, industry and "piety" as the tenets of good child-rearing practices. Such docility and malleability have, of course, been sex related. The male child might be encouraged in some degree of intractability as evincing independence

and proper masculinity.

Formerly a brief preface to adulthood, childhood in Western societies has been gradually extended in time and come to be viewed as more autonomous from adult life. In the developing world, however, childhood is still relatively brief and less insulated, and the pressures of survival require more responsibility at an earlier age.

A preferable preparation for adult life would be for children to enjoy a condition somewhere between these two extremes. The outlook for such a development is good. Both extremes depend on particular sets of historical circumstances which are now under the pressure of change, for example:

Family size and structure have been affected by population changes, urbanization, education, increased communications, and by economic and technological change.

The role of women as key nurturing agents is changing. For many women in the developed world, motherhood has become an episode rather than a lifework.

Child care and welfare, formerly the exclusive responsibility of family and kin, are now shared with the state in an increasing number of countries.

The family is decreasing in importance as a central economic and child-socializing unit while retaining its function as the prime context for caring relationships and more private interpersonal needs.

Running parallel with these changes in the family is an enormous increase in the number and variety of external influences upon the child. The mass media of radio, television and cinema, and, to a lesser extent, newspapers and magazines have exposed children to an extraordinary variety of role models and lifestyles which transcend the home and local communities. Commercial messages of children's products and services vie for attention with images of reality and fantasy, violence and gentleness, which increase the child's awareness—even though they might also overwhelm and confuse.

Children both benefit and suffer from these changes. They are extending the boundaries of their world and altering the definition of their roles and status within the larger transformation of human society.

A World of Contrasts

Over one-third of the world's some 4 billion people are children under age 15. Their distribution and circumstances reflect the inequities and inconsistencies of the world at large.

Most of them, some 80 percent, live in the less developed regions, where in many countries they comprise almost half of the population. In more developed countries, the proportion is around one quarter.

Their living conditions vary considerably. In less developed countries as a whole, for example, the annual death rate for infants under age one is five times that of the developed world (113 versus 22 per 1,000 live births). In some poorer countries, one child in five dies before its first birthday, many from diseases easily preventable by vaccination which protects most children in developed countries.

Malnutrition affects about one-quarter of all young children in the world, killing some and leaving others physically and mentally maimed for life. The debilitating effects of poor nutrition are compounded by equally deleterious effects of unsafe water, lack of sanitation and drainage, and low general hygiene which encourage flies, insects and other disease-spreading agents. All this contributes to the vicious circle of deprivation that causes most of the deaths and diseases of young and old among the world's poor.

Educational contrasts are as great. In the affluent countries, almost all primary-school-age children are enrolled in school and most have educational opportunities beyond the primary level. Differences in class, income and living conditions reduce access to such facilities for some—but the opportunity is there.

In the less developed countries, perhaps 40 percent of primary-school-age children are not receiving a minimum basic education. Facilities, teachers and teaching materials are inadequate to serve the numbers, and much that is taught is inappropriate to children's needs, leading to a high dropout rate among those who do enroll. The situation is worse for girls. Secondary and university education is virtually a closed door if you happen to be poor, rural and female. Such disparities of opportunity add to the growing inequities between people *within* less developed countries as well as between these countries and the more developed.

Similarly, in the affluent countries, better physical conditions make life more tolerable for most children, but absolute and relative poverty still create serious problems for 10 to 20 percent of the child population.

Material affluence also does not always mean high standards of child care and healthier child development. Evidence is now growing of neglect and abuse of children even among the advantaged in rich countries. Affluence can also produce debilitating stress and tension in the young. The problems of adolescence are in fact more apparent and intense in the developed than in the developing world.

Thus, while the general circumstances of children in the poorer countries are in dramatic contrast with those in the richer countries, the need for reform and improvements in the conditions of children involves and affects both rich and poor.

The plight of the great majority of the world's children spurred UNICEF in 1974 to declare an international emergency for children. UNICEF and other agencies have continued to mobilize international concern for what amounts to, in the poor countries, a permanent state of emergency.

To sustain attention and elicit more widespread and immediate action, the United Nations proclaimed 1979 the International Year of the Child—for more vigorous advocacy on behalf of children and for stimulating awareness of children's special needs on the part of decisionmakers and the wider public.

"Our success or failure in dealing with the needs of the child, especially among the poorest part of the population, will determine whether or not, in the poor countries in the world, we will have a permanent underclass of second-rate citizens, who never had the chance and may never have the chance fully to develop their human potential, constituting a mass of human beings stunted in their physical, mental, psychological and social development."[1]

What is most needed is a wider realization of the inhuman conditions in which so many children live today, and a determination to mobilize available resources and capabilities to do something about those conditions.

Childhood in Change

Perceptions of childhood and beliefs about the nature of children not only differ from one culture to another but have also changed markedly over time. However, some attitudes toward children remain universal and relatively unchanged.

One primary value placed upon children was, and is, physical continuity. By outliving their parents, they ensured the biological survival of the individual and that of the kinship group and the larger community. For their parents, they guaranteed a measure of immortality both in their persons and by their religious intercessions on behalf of the departed.

Children gave deep emotional satis-

faction by providing mutual pleasure, belonging and affection, in reinforcing family and kinship solidarity, and in their contribution to the personal growth of their parents.

Having children enhanced adult status and social identity. Women fulfilled their biologically and socially defined roles and gained familial security by childbearing and rearing. For men, children were evidence of sexual prowess, extensions of themselves, and sources of power and prestige.

These psychic satisfactions were strengthened by children's economic value as property and productive assets. While young they helped in the household; when old enough they tended the animals, worked the land, and gradually assumed full participation in the economically sustaining functions of the family. Physical survival often depended upon a large enough family, enough hands, to procure the necessities of life —and, importantly, to provide security in old age.

Evidence of children's economic status and value can be seen in the many legal property, damage and inheritance codes referring to them, and in bride-price and dowry customs, reflecting the sense of investment which their care and upbringing represented.

Notwithstanding these values, children were also subject at an early age to the full sanctions and punishments of adulthood, including capital punishment for minor offenses. Indeed, many of the ways in which children were treated historically would today pass for cruelty. Infanticide, and especially the exposure of unwanted female children, was common up to recent times.

Children were mainly valued as preadults and then not for themselves but for what they represented in terms of relationship to family, clan or community. Childish things were put away very early. Dressed in adult costume, judged by adult standards and expected to conform to adult rules, the child was a small man or woman and expected to behave accordingly. Infancy was, in some measure, considered pre-human, childhood was brief, adolescence unrecognized, and the generation gap non-existent.

Changes in the West

The "discovery" of the child occurred in the West after the Renaissance with the emergence of humanism. Ideas of individual uniqueness, self-awareness and growth, of the freedom and equality of persons, gradually led to a reapprasial of the child and childhood.

This reappraisal coincided with the invention of the printed book and its dissemination to the larger mass audience—when children became both objects for and the subject matter of "serious" literature. In the mid-1700s Comenius, the Czech scholar, produced *The World of Pictures* as a teaching device and picture book for children. Unique in its time, it recognized that the child had distinct needs and desires worthy of serious attention—and a specially prepared literary form.

While the fairy tales and heroic myths of oral literature and folk art had appealed to the child, children were seldom portrayed as participants. From the 18th century on, there was a surge of children's literature. At first mostly moralistic, this literature gradually began to match the imaginative reach and fantasy of the child's own rich interior life, so that, eventually, a Lewis Carroll and an Edward Lear would not only accompany the child into Wonderland but voyage into the looking glass world of childhood itself.

From the clash between the original sin thesis of Calvin and the sentimental primitivism of Rousseau, there emerged a view which stressed the fundamental innocence of the child and the moral duty to protect it from undue corruption from the adult world. This idealization of the realm of childhood, contrasted with the portrayals of the horrors of child labor and poverty by such 19th century

U.S. Library of Congress/Photo by Lewis Hines

Young, nimble-fingered children toiled long hours at low pay in the 19th century factories and mines of today's more developed countries.

writers as Dickens, paved the way for an era of more enlightened treatment and child welfare legislation. The deprived child, the illegitimate, the orphaned and the abandoned became the objects of deep social concern. This concern persists today even where its sentimentality has been tempered by the more pragmatic views of the post-Freudian period.

Changing perceptions over the last 200 years have been accompanied by equally profound changes in economic and social conditions affecting children in Western societies. Starting with the Industrial Revolution, the nature and location of work was transformed fundamentally which in turn affected the structure and functions of the family and the place of the child in society.

In pre-industrial societies, children had a role in family work—based on the farm, cottage industry, and urban crafts. The coming of the factory changed all this. The work place was no longer the home; time became regulated by the machine rather than by domestic intervals; and fathers, mothers, children and kin were forced into different working environments and wage-labor relationships.

In the 19th century factories and mines of today's more developed countries, children from as early as ages four and five worked, ate and often slept at their machines and tasks, bereft of continuing family care and any pretense of education. Their labor was important because it was cheap compared with that of adults, and because their size and nimbleness suited the tasks that needed to be done. Less than a century ago most people saw little wrong in these conditions for children, where even the youngest could be forced to earn an arduous and meager living in cruel and deprived circumstances which killed or maimed many before adulthood.

In the urbanized industrial family, the father was no longer the sole provider nor the mother the only nurturing agent. As circumstances improved, many internal family functions were gradually externalized. Domestic food preparation, cooking, laundering, weaving, cobbling and a host of other activities gave way, wholly or partially, to externally purchased goods and services. The family's role in socializing the child also diminished as schooling became universal and family size shrank from extended kin patterns to nuclear dimensions. The child's world expanded beyond the confines of family domesticity but lost something in its range of close, caring relationships and influences.

But even in today's post-industrial, affluent societies the family endures as the prime socializing environment for the infant and young child, despite its often prophesized demise. Children may be fewer and marriage less necessary for women, emboldened by easier access to safe contraception and divorce, changes in property laws, and

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enhanced women's rights, but they are also more matters of choice. Changing attitudes of both sexes toward greater equality and parental sharing have also created opportunities for a more intimate and caring family atmosphere in the home. Even extended family influences may once again be important as easier transportation and communication unite dispersed kin. The family is perhaps less nuclear and more "amoebic" in form as it reaches out to embrace more flexible sets of preferred kin and friendship networks.

Slow change elsewhere

The world of the poorer developing societies, though likewise swept by economic and political changes, does not yet reflect many of the more positive aspects of these changes in today's more developed countries.

The painful transition from former colonial dependence to more self-determined societies is still going on. Most populations are still mainly agrarian. They must grapple with the problems of massive poverty which tax material and human resources to meet the basic physical needs of large numbers while still striving to affirm national and cultural awareness and identity.

Despite these difficulties, children in such societies are not willfully neglected. Even where their material situations leave much to be desired, most grow up within a web of directly sustaining family and traditional cultural relationships.

But the environment of poverty in many rural and urban settings of the developing world places great strains on parent and child alike. Large families and overcrowded living conditions often leave parents too worn to pay as much attention to individual children as they would like. Children have little prospect of staying in school or of preparing themselves for a better life. There is little stimulus for intellectual and emotional development in the larger sense. Books and playthings are as short, or nonexistent, as adequate food and clothing. Children's expectations and aspirations are restricted by the low horizons of their world and its atmosphere of helplessness and powerlessness. In extreme cases, children are abandoned, like the growing numbers of *abandonados* now roaming the streets of many Latin American cities.

In such circumstances, childhood is more often to be endured than enjoyed.

Growing concern for children's rights

Even with such contrasting circumstances of the child in change, there is a common underlying shift in people's ideas about the rights of the child. Obligations for a child's care and welfare are being less left to traditional precept and custom and increasingly placed under larger moral and legal scrutiny and social legislation. This is particularly shown by the ways in which nations have established standards and regulations for child welfare, without unduly infringing upon the independence and privacy of individual and familial rights. There is now a considerable body of national and international law governing adoption, child labor, child exploitation, education, the special problems of the retarded and handicapped, and the custody and welfare of children under dispute.

International recognition of the rights of children began with the League of Nations adoption of the "Geneva Declaration of the Rights of the Child" in 1924. In 1948, the United Nations General Assembly approved "A Universal Declaration of Human Rights" within which the rights of children were implicitly included. Directly aimed at the special and distinct needs of children, the United Nations "Declaration of the Rights of the Child" was added in 1959.

In ten concise principles, the declaration states the entitlement of children to:

"1. The enjoyment of the rights mentioned, without any exception whatsoever, regardless of race, color, sex, religion or nationality;
2. Special protection, opportunities and facilities to enable them to develop in a healthy and normal manner, in freedom and dignity;
3. A name and nationality;
4. Social security, including adequate nutrition, housing, recreation and medical services;
5. Special treatment, education and care of handicapped;
6. Love and understanding and an atmosphere of affection and security, in the care and under the responsibility of their parents whenever possible;
7. Free education and recreation and equal opportunity to develop their individual abilities;
8. Prompt protection and relief in times of disaster;
9. Protection against all forms of neglect, cruelty and exploitation;
10. Protection from any form of racial, religious or other discrimination, and an upbringing in a spirit of peace and universal brotherhood."

The year 1979, designated the International Year of the Child, is the 20th anniversary of that declaration of principles. Much has been accomplished since their formulation. Much more remains to be done to ensure that every child in the world has even the minimal opportunity to enjoy his or her human rights to a free, healthy, secure and enjoyable childhood.

Childhood in the Cycle of Life

Useful conceptual frameworks for considering the needs and developmental requirements of children are to view them in different stages of childhood

Figure 1. The Stages of Childhood

INTRA-UTERINE
The Period before Birth

NEONATAL
First 4 Weeks

INFANT
First 2 Years

PRESCHOOL
2–6 Years

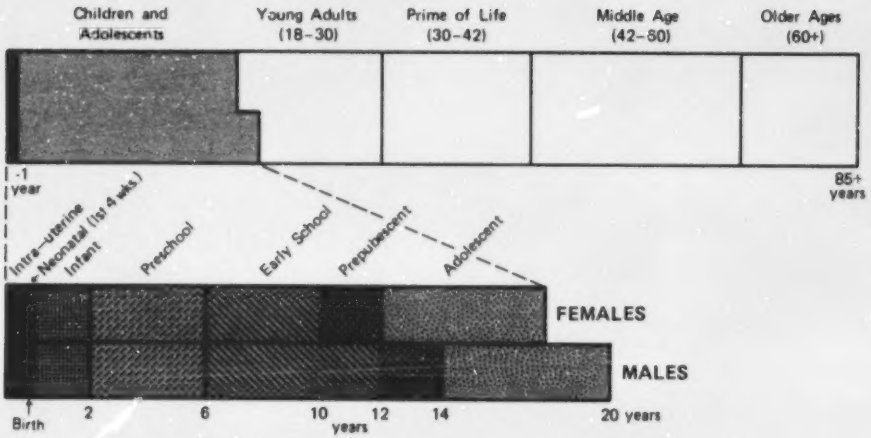
EARLY SCHOOL
Girls: 6–10 Years
Boys: 6–12 Years

PREPUBESCENT
Girls: 10–12 Years
Boys: 12–14 Years

ADOLESCENT
Girls: 12–18 Years
Boys: 14–20 Years

Source: Magda Cordell McHale and John McHale, with Guy F. Streatfeild, *Children in the World* (Washington, D.C.: Population Reference Bureau, 1979).

Figure 2. The Life Cycle



Source: See Figure 1.

(Figure 1), and beyond that, within the overall life cycle (Figure 2). Although infancy and childhood occupy only a fraction of the life span, they are marked by changes and growth that sum up to a whole life within a lifetime and are crucial years in determining and influencing the course of adult life.

The needs of the child start with conception and pre-birth development (see Figure 1). It is born helpless and wholly dependent, but with a personal uniqueness and individuality—and vociferous demands for attention, care and security. The next five years are critically important. Physical changes are greater, and psychosocial, intellectual, and emotional development more rapid than in any other comparable life stage. For example, a child can typically learn several languages simultaneously during this period, absorb the complexities of the culture in which it happens to live, and engage in a widening exploration of relationships. It is paradoxical that the years when so much learning is taking place are the least provided for in formal education. This suggests that allocations of educational attention and resources should be revised toward more emphasis on the preschool period, which, because of the young child's dependency, are also its most vulnerable years.

From five to about age eight, growth is more stable and seemingly quiescent, as if the child were gathering developmental strength for the onset of puberty. These are the social years when the child moves out more beyond the family circle to that of his peers at school and play.

The period between eight and 12 years in both sexes is marked by the accelerated physical growth associated with puberty as the body configuration changes to that of adulthood. The timing of puberty varies considerably both within and between the sexes. Some girls complete both growth spurt and puberty by age 12, while many boys are still in the pre-pubertal stage until 14 or 15.

For girls, there is also the com-

paratively recent phenomenon of sexual maturation now occurring earlier than previously. (Among U.S. girls, for example, the average age at menarche is now about 12½, compared to over 14 at the beginning of this century.) This poses many psychological and social difficulties, as girls face the problems of adolescence earlier and are less equipped to deal with them. More child and early teenage pregnancies have been occurring in many countries.

Other developmental changes have been noted in recent times. For example, over the past century, children in general have become taller and heavier than their parents. The differential appears to follow improvements in diet and other physical conditions. Japanese boys, for example, are now as tall at age 15 as their counterparts in 1962 were at 17. In the United States, the number of young males 6 feet or over has grown from less than 4 percent in 1900 to 25 percent today while females aged 20-29 of at least 5 feet 7 inches have increased from under 4 percent to 18 percent. However, experts predict that this increased growth will not continue indefinitely.

The adolescent of 12 or 14 and up is already beyond childhood but not yet adult. This is a period of intense psychosocial adjustment as the boy or girl attempts to come to terms with a new self-image and identity. Recognizing the difficulties, most societies have sought to resolve the ambiguities of adolescence and channel its turbulence by rites of passage and initiation tests which formally sanction the adolescent as an adult member of society.

In modern times, the period of adolescence has become visibly protracted and stressful. This has lead to widespread social, economic and political disaffection among the young. For all too many now, in most countries, the formal entry into adulthood or ritual graduation from school has become merely the entry to prolonged unemployment or a series of meaningless make-work experiences. With the massively growing numbers of adolescents, particularly in the poorer developing countries, this has emerged as a major social and economic challenge.

The life cycle approach is also useful when we come to consider the larger needs of children at their different stages. Changes in the proportion of age groups and cohorts in the overall population of a country imply changes in needs and demands for goods and services. A high birth rate presents immediate needs for food and child care, and the rising numbers in these expanded age cohorts will eventually require more schools, housing, jobs, and health and other services. Institutional arrangements which meet the needs of one generation may be wholly inadequate to handle those of another as the population balance shifts.

More effective allocation of resources can be made to meet the different needs in a society by considering the changing profile of needs and demands according to the numbers of people in that society who are at various stages in the life cycle.

Figure 3 (page 14) presents the picture. The top panel demonstrates time relationships between a birth and the services which will be needed in the future because of that birth. School needs are greatest at five to 20 years after the birth; food requirements rise to a peak some 15 years after the birth and then level off; the need for a job is concentrated between the late teen years and early sixties; and so on. In the middle and lower panels, this synopsis is overlaid with the age profiles of the populations of Bangladesh and France in 1975 (as projected by the United Nations in 1973).

In Bangladesh, as in most developing countries, the proportion of children under age 15 is rising dramatically compared to the proportion in richer countries such as France. This represents a vast need now for schools and health services and relatively more jobs and

housing in the future as these cohorts age—in countries where resources and facilities are already under strain.

In the industrialized countries, however, where populations are more stable and birth rates low, needs are quite different. Many of the physical structures and facilities to serve projected age cohorts are already in place. In some cases, due to falling birth rates, there may even be an excess of facilities; for example, some countries have a declining school-age population and therefore will require fewer schools. In these countries the balance of social service demand is shifting toward those in old age as this proportion of the total population expands because of shrinking numbers in the youngest age groups.

In the industrialized countries, there is overall a more stable demand for goods and services, albeit at high per capita levels, in comparison with the more pressing needs of the developing countries with their younger populations.

We now take a more detailed look at the situation of the world's children as International Year of the Child opens.

Children Worldwide: How Many?

In reviewing the global situation of children we may ask, in various ways:
How many?
Where are they?
Who are they?
How do they live?

Answers to these broad questions will then provide a substantive backdrop for other urgent questions. What are children's most pressing needs? What are some of the responsibilities of the national and international communities for fulfilling their expectations and providing conditions in which they may aspire to a better life and the fulfillment of their potential?

There were about four billion people in the world in 1975 and close to one-and-a-half billion of them, (1.44 billion), or, 36 percent, were children under age 15.* Twenty years earlier, there were barely a billion children so their numbers had increased by about 50 percent in this interval.

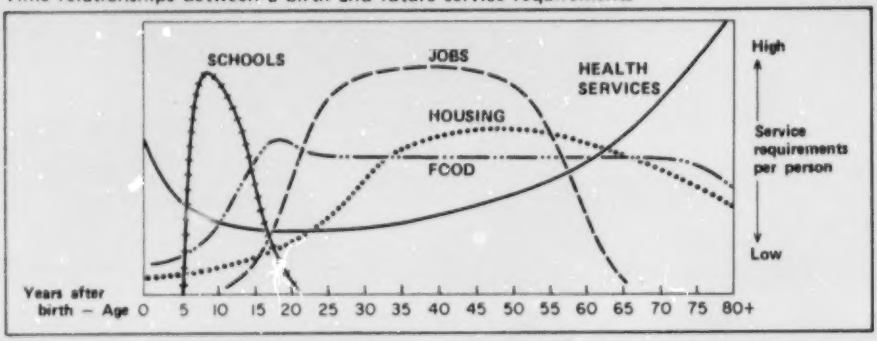
As of 1978, about 334,000 babies were being born each day around the world, according to Population Reference Bureau estimates based on a variety of sources, including the United Nations. In 1979 the daily total of births will be higher. As International Year of the Child is marked, the globe's total population is going up by some 73 million and more each year.

Recently, the United Nations, the World Bank, the U.S. Bureau of the Census, and other organizations engaged in the highly technical task of population estimates have revised downward their earlier projections of population growth to the end of this century as evidence accumulates that fertility rates in many developing countries have begun to decline sooner than expected, in response to socio-economic development and family planning programs. Even so, the general consensus is that by the year 2000 there will be some 500 million more children under age 15 worldwide than there were in 1975, raising their number close to two billion (1.93 billion).

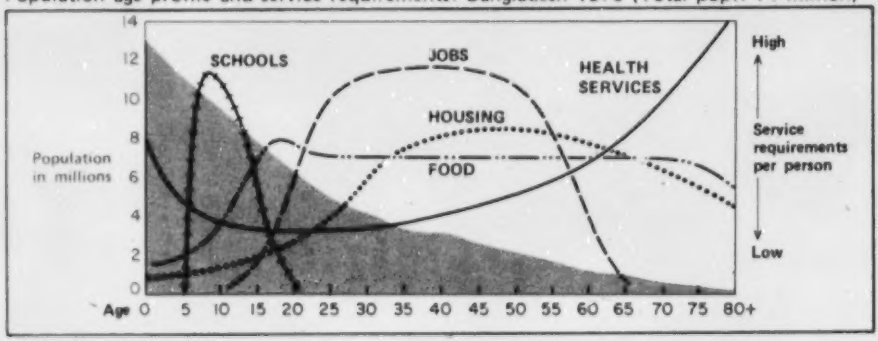
*The demographic data on the world's children cited in this *Bulletin* are largely taken from the companion publication of the Population Reference Bureau, *World's Children Data Sheet*, also issued to mark International Year of the Child 1979. These in turn were based on the latest statistics available at the time of publication from the United Nations, the World Bank, and the U.S. Bureau of the Census. In order to make use of actual, rather than projected, data on children under age 15 for the greatest possible number of countries, 1975 was taken as the benchmark year to represent the situation regarding numbers and proportions of children in the population "as International Year of the Child 1979 opens." The figures for the year 2000 are, of course, projections which remain to be validated.

Figure 3. Service Requirements Dictated by One Birth and Population Age Composition

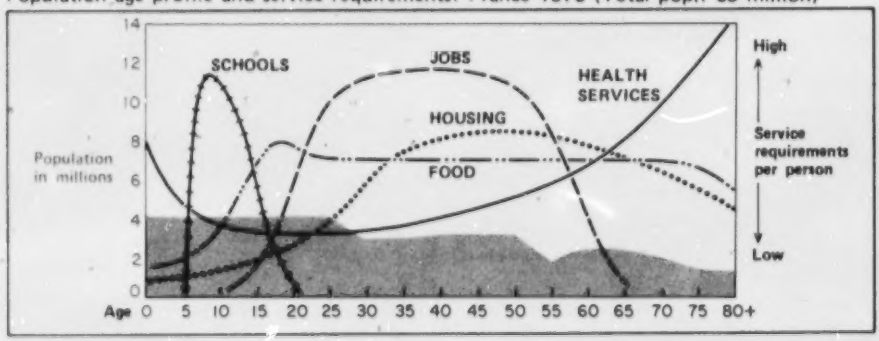
Time relationships between a birth and future service requirements



Population age profile and service requirements: Bangladesh 1975 (Total pop.: 74 million)



Population age profile and service requirements: France 1975 (Total pop.: 53 million)



Sources: Top panel: Leslie Corsa, Jr., and Deborah Oakley, "Consequences of Population Growth for Health Services in Less Developed Countries—An Initial Appraisal," in National Academy of Sciences, *Rapid Population Growth: Consequences and Policy Implications* (Baltimore: The Johns Hopkins Press, 1971) Figure 2, p. 370. Data for the other two panels are from United Nations, Population Division, *World Population Prospects, 1970-2000, as Assessed in 1973*, ESA/P/WP 53, March 10, 1975.

Although the absolute numbers of children are critical, more important are the relative numbers in specific populations and the circumstances into which they are born, that is, the resources available to feed, clothe, house, and educate them. It now appears that the proportion of children under 15 will fall somewhat to 32 percent of a total world population of about 6.1 billion in the year 2000—down from 36 percent in 1975. However, for less developed regions the proportion will be 34 percent, or 1.6 billion, of a population of 4.8 billion, compared to 22 percent (302 million) of some 1.4 billion in the more developed world (see Figure 4, next page). This illustrates again the vastly greater problems which already hard-pressed developing countries will face in supplying the additional resources and services which will be required to accommodate the inevitably large numbers of children to be added in the next two decades.

With such large numbers of children, the less developed countries also face the prospect of continued higher rates of natural increase (births minus deaths) in the future. As these children reach the usual ages for childbearing (15-49), their much greater number compared to other age groups in the population will mean that births will continue to far outstrip deaths, even if individual women or couples decide to have fewer children than their parents did.

In most developing countries, childbearing still begins very soon after puberty, in accordance with age-old customs. This, too, has important demographic consequences since the total number of children born to each mother is likely to be higher than if first births are delayed. In better circumstances, women tend to marry later, defer and space childbearing, and have fewer children. This emphasizes the importance not only of birth control training and supplies but also the provision of more education, greater life choices and better opportunities for women and girls. Early childbearing is becoming a problem even in affluent developed countries where the breakdown of stable family patterns and peer pressures for earlier sexual experience, combined with ignorance of reproductive facts and inaccessibility of contraceptives to the young, have resulted in an "epidemic" of pregnancies to unwed, teenage girls. In 1976, there were over one million such pregnancies in the United States alone and 20 percent of all births were to mothers under age 20. Worldwide, it is estimated that 10 to 15 percent of the some 122 million births each year occur to adolescent girls.

The population explosion in developing countries has resulted from the sudden post-World War II drop in death rates, particularly of infants and young children, while birth rates have until recently remained at traditionally high levels. It has been pointed out that attributing this decline in death rates to improved health measures may be somewhat specious:

> "It would seem that the global decline in death rates has been attributed to mass campaigns against malaria which are as yet inconclusive, to drugs which are largely inaccessible, to doctors who are unavailable, and to sanitation programs which do not exist."[2]

No matter how achieved, however, reduced infant mortality actually helps reduce population growth in the long run. If children are more likely to survive and enjoy better health, couples feel less compulsion to "cover their bets" by having large families.

Some developing countries have succeeded in reducing their population growth rates, for example, the People's Republic of China, Sri Lanka, Cuba, Hong Kong, South Korea, and Tunisia. This was accomplished not only by emphasis on family planning but also by significant efforts to raise living standards and "social expectations." With their needs thus better met, people have been encouraged to have smaller families.

The general picture for the rest of the 20th century is that *population growth will generally be highest* in those countries that are least developed economically; which have a high ratio of population to usable resources, poor nutrition and health, and low life expectancy; and which can offer few hopes for social betterment and little security to the majority of their people.

Population growth will be lowest and most stable in those countries that are economically and technologically developed and which have a low ratio of population to developed resources and high productive capacity, good nutrition and health and long life expectancy, and high individual social expectations and security.

The capacity of the poorer countries to improve life for their children will be constrained simply by numbers, particularly the numbers of dependent young. These countries are in a double bind. To encourage the lower fertility which will reduce growth in numbers, they need to raise living standards and improve health services, material security, and employment opportunities. But efforts to do this are held back by population growth. There is little motivation for smaller families when basic survival depends on the number of children available to help. As Lester Brown has put it:

> "... if half of their children die before they reach productive years, parents feel they must conceive a great many children to be sure one or two sons will survive to provide care for mother and father in their old age.
>
> It is no coincidence that virtually all well-fed societies have low fertility and poorly fed societies have high fertility. Where malnutrition is widespread, it is virtually impossible to achieve low infant mortality rates. Good diet may be the best contraceptive of all."[3]

For most of the poorer countries in the world, the question is: How many children are, on the whole, too many? The implications of that answer go far beyond birth control and family planning. Even if population growth were suddenly to cease tomorrow the lot of the poor and their children would not immediately change. The real problems are those of a general and repressive poverty which restricts economic and social development.

Where Are They?

In 1975, 1.2 billion, or 83 percent, of the world's 1.4 billion children lived in regions of the so-called South: Africa, Asia, Latin America, and Oceania. Just 17 percent—238 million—lived in the North: Europe, Northern America (the United States and Canada), and the U.S.S.R.

The differences between South and North are primarily differences of wealth and industrial development but there are other climatic and environmental conditions which also help determine the quality of people's lives in different parts of the world and that of their children.

Except for Australia and New Zealand, the more developed regions are generally in the Northern, more temperate zones of the world. The poorer and lesser developed are in the largely semi-tropical regions of the South (see map, Figure 5).

Climatic and environmental conditions are often discounted in development, but they were of some importance to the presently developed Northern countries when they began to industrialize. A comparative absence of climates likely to hinder work and the availability of energy and material resources in close proximity to water certainly facilitated their early development. It has been pointed out, on the other hand, that:

> "... in today's poor countries climatic factors will usually be found to have an important hampering effect on economic development through their impact on agriculture directly or through the diseases and pests afflicting animals and plants, on mineral discovery, and on man himself

through disease . . . These effects used to be better understood . . . A high priority needs to be given to investment in research to find ways to minimize the adverse impacts of climate and to find ways to turn the particular manifestations of the local climate to advantage."[4]

A child's environment is composed of many different influences. Its internal environment of body and mind is dependent on enough food and water and upon shared affection, creative stimulus and physical security. These in turn are powerfully influenced by the interplay of climatic, economic, social and cultural factors in the external environment.

Contrasts in the environmental background for a child's development might be outlined as follows:

Poverty or affluence. Produces striking contrasts in patterns of health, nutrition, education, shelter, access to basic services, and overall social and cultural expectations.

Slum or decent dwelling. A key factor in a child's development.

Urban or rural location. Leads to important social, cultural and economic differences for child development in both the developed and developing countries, though this may be less marked in the former.

Climate. Killing, maiming and debilitating disease is higher in the tropics and where clean water supplies and other sanitary conditions do not prevail.

Adequate or inadequate nutrition. Affects a child's growth and ability to withstand disease.

Different social and cultural environments of childhood. The family in particular is the key environmental determinant of child development. Various patterns of custom and tradition affect the status and rights of the child.

Environmental catastrophes such as floods, droughts, famines, storms and earthquakes are part of the environment of all children wherever they may live. But their effects are much more severely felt in the poorer countries, as in the Sahel where many children perished during the drought of the early 1970s.

Social catastrophes of war and terrorism also take their toll on defenseless children. Where not injured or killed outright, children are often left homeless or orphaned and at least psychologically scarred.

The rural-urban context

About two-thirds of the world's people still live in rural areas. In 1975, the rural population of the world's lesser developed regions was about two billion. Approximately 40 percent of these were children under 15. Despite high and continuing migration to cities, rural populations are still growing at a rapid rate. At current estimates, the rural population in less developed areas will have risen to nearly 2.9 billion by the year 2000.

Although the move to the city may be to a slum shantytown, many families still choose to do so to escape a rural poverty which may be even more deprived and stifling and certainly more isolated.

Birth rates and infant mortality rates are both higher in rural than in urban areas—in some cases twice as high. More than 85 percent of rural dwellers in developing regions are still beyond the reach of health services, that is, within walking distance of a health facility, according to a 1978 UNICEF report.

Millions of rural children in less developed countries still have no opportunity to go to school. Where they do, dropout rates are high, due to distance, family survival pressures, and lack of expectations. In some rural areas of poorer countries as many as nine of every ten children grow up unable to read or write.

The handicaps facing rural girls are even greater. Most of them receive little or no formal education. In Latin America, 51 percent of the girls never

attend school; in Africa and Asia, 61 percent never do.

Life is scarcely better for children living in the poorer parts of the developing world's cities. In 1975, there were 156 million such children, or 11 percent of children worldwide. Under-five-year-olds made up 60 million of these. These figures are estimates and probably understate the case. They assume that only half of urban children in developing countries are in a poorer sector and that the numbers in poverty increase at the same rate as projections for total urban population growth.

As of 1975, the less developed regions had 27 percent of their populations located in urban areas. It is estimated that by the year 2000 this figure will reach 41 percent. Cities will then be absorbing 70 percent of all population increase.

Squatter settlements and peripheral shantytowns are estimated to account for 30 to 40 percent of the urban concentrations in the less developed countries. Data presented at the United Nations Habitat Conference in 1976 showed that: "60 percent of rooms in such non-conventional dwellings have more than two persons living in them and that 35 percent of the rooms have more than three persons."[5] In some cases, numbers per room run as high as ten persons. The average living space per person is three square meters.

The notion that these settlements are "transitional" is probably no more than a notion. Lack of housing construction and their inability to afford the better housing that might exist ensure that few inhabitants move on. Many developing countries have accepted the accomplished fact of such settlements and have semi-legitimized the practice by providing essential municipal services to them.

For the child born into a Third World slum or shantytown, home is overcrowded, his playground a world of open sewers and garbage dumps, and life appears all the more grim by the side of the affluence of a fortunate few, which stands out starkly in the urban environment.

Yet, the possibilities for a child in the city may be greater than as one of the rural poor. The city offers an escape from the traditional constraints of rural life, more awareness of an external world, more openness of opportunity, more physical and psychosocial mobility. Few migrants show any desire to return to the countryside. Even if they do not succeed in bettering their own lot, they believe that in the cities their children will.

Deprived children in urban and rural settings are indicative of the general poverty that is the target of modern development policies. With the support of international agencies such as UNICEF, many countries are encouraging improvements in basic services which are the essential first step toward satisfying children's more specific needs.

Who Are They?

Children are male, female, sons, daughters, brothers and sisters; rich and poor; settled and nomadic; belong to various ethnic and national groups; and grow up within different social, cultural and religious traditions.

Of the 1.44 billion world's children under 15 years in 1975, 51 percent are boys, and 49 percent are girls. Their sex will determine much about their lives. To start with, girls can expect to live a good deal longer. In almost all countries the mortality rate for males exceeds that of females from the moment of conception throughout the life cycle.

However, differences of "femininity" and "masculinity" are socially inculcated rather than biologically defined. Biology is not social destiny. Girls become women but their reputed physical weakness, greater passivity, lesser intellectual bent, and other feminine "char-

acteristics" should not be accepted as predetermined, anymore than boys should automatically be considered as stronger and more dominant.

The numerous ethnic groups in the human community are a major source of variation. Different physical characteristics in the world's children represent unique and rich blends and promise further variety and potential.

The family around the world is apparently moving towards a common structural form. However, relationships of sons and daughters to mothers and fathers, to each other, and to others of their kinfolk, have many different strengths and subtleties. This leads to an equivalent variety of individual personality differences in children—in who they are and what they might become.

Most children are brought up within some religious tradition, usually one related to one or another of the major world religions, chiefly Christian, Moslem, Hundu, or Buddhism. The value of preserving such religious and cultural identities is evident even where this has led to tension and conflict. Each is productive of a singular configuration of insight and experience. Even the smaller groups, such as Shintos or Jews, contribute to a diversity of spiritual and temporal outlook which enriches the human heritage and the individual personality.

Despite the claim that global communications and transportation have homogenized the world's cultures, there is also strong evidence of local and national cultural resurgence. Such movements seek to preserve and revivify older indigenous traditions, while accepting the economic necessity of new, more all-embracing political configurations.

The potential cultural endowment of children is, if anything, a good deal richer than in previous times. It includes more vivid exposure to their own cultural roots and to other people's present experience through education and media, so that such events as the landing on the moon become part of the shared experience of all the world's children. There may, of course, be as many negative as positive experiences to which children are exposed. Previously more insulated from the larger society, children are now more aware of and in touch with social and cultural changes going on all over the world. This may be one of the more critical factors in child development today.

With more common communication, more of today's children share more common images in global terms, but their individual identities and cultural diversities remain heterogenous and distinct. There have always been pressures on young individuals toward sameness and conformity. These may seem more serious today simply because they are of a different kind and scale.

How Do They Live?

While the state of the child is less secure in the developing countries where the majority of the world's children live, general affluence is not necessarily synonymous with the best overall child care. The United States, for example, certainly one of the most affluent, is not among the top ten nations in low incidence of infant mortality—a commonly used indicator of healthy children.

Health

Class and economic level are still major determinants of living and dying even in the relative affluence of the Western countries. A British writer noted of his country in 1978:

"Working class babies are more than twice as likely to die before their first birthday as are the babies of professional parents . . . [There are] persistent marked differences between the social classes in still-birth rates, infant mortality rates and childhood mortality. Some of these differences resulted from prenatal experiences in which the child was reared."[6]

Despite these anomalies, a 1976 UNICEF review of progress in child

UNICEF photo

Most children are brought up within some religious tradition.

health over the past half century shows what can be accomplished:

> As recently as 1935-39, life expectancy at birth in the less developed regions was estimated to be 32 years—as good or bad a prospect as at the height of the Roman Empire. [Today] the average baby's life expectancy is 50 years. In the year 1900, out of every 1,000 children born alive, in the least developed countries nearly 265 died before completing their first year and about 75 died in more advanced countries. By 1953, infant deaths in the least developed had been reduced to 160 per 1,000 live births and in advanced to 25.

By the mid-1970s, infant mortality had been reduced to an estimated 113 per 1,000 live births in less developed regions as a whole, 22 in the more developed world and as low as 9 in Sweden, according to the Population Reference Bureau's *World's Children Data Sheet*. Life expectancy at birth was up to 56 years in less developed countries as a whole and 71 years in the more developed regions.

Better medical and health services can be credited with much of this progress but as much if not more is directly attributable to improvements in standards of living.

To a certain extent, physical health is a purchasable commodity. The more affluent tend to be healthier than those in poverty. They are better provided with health safeguards such as good sanitation and nutrition and clean water. Those in richer countries also benefit from greater public investment in health services and medical research.

Basic social indicators illustrate this phenomenon. There is, for example, a six- to eight-fold difference in infant mortality between developed and developing countries—the extreme range shows one infant in seven dying in Africa to about one in a hundred in the industrialized world.

Of the some 50 million deaths in the world annually, about a quarter occur to infants under age one, and about half to children under age five. The majority of the world's total deaths each year take place in the poorer countries of Africa, Asia, and Latin America. About 15 million of them are caused by infections such as dysentery, typhoid, cholera and pneumonia.

Many such deaths are preventable by relatively simple means. Some five million children die every year from diphtheria, whooping cough, tetanus, poliomyelitis, measles or tuberculosis. Lasting effects and fatality from these diseases can be prevented by immunization and modern treatment. For example, measles causes a mortality rate among malnourished children in the poorer regions which is 400 times greater than in the developed world.

Some 800 million of the world's children live in the rural areas of developing countries where, as we have seen, over 85 percent of the population has no feasible access to health services. Seven out of ten infants in Asia are born without medical assistance or trained help. Preventive and curative medicine

is second only to general improvements in living standards in preventing ill health and lowering death rates among infants and young people.

As far as living conditions are concerned, poor nutrition lowers disease resistance and particularly affects pregnant women and their unborn children. Hunger and ill health impair productivity which in turn lowers the capacity to secure food. This is a vicious circle of deprivation affecting child and adult alike.

Problems arising from inadequate housing, poor water supply and sewage systems are marked by the high incidence of diarrheal diseases in the poorer countries. Infants and children are particularly susceptible.

Malnutrition caused by a combination of low incomes, inadequate or poorly balanced diets, and poor food hygiene is one of the key determinants of ill health in the poorer countries. Severe malnutrition affects about 10 million children under five and another 90 million suffer from moderate malnutrition. Of all recorded deaths of infants and children, 50 to 75 percent are caused by a combination of malnutrition and the kind of infection to which inadequate diet leaves children vulnerable.

The decline of breastfeeding has become an important health issue in many less developed countries. Unsupplemented human milk is all that is required to sustain growth and provide good nutrition for the first six months of life in babies of well-nourished mothers. Even among poorly nourished mothers, breast milk is adequate as the sole food up to three or four months. The benefits of nursing are also important in the psychosocial growth of the infant.

The substitution of bottled formulas for breast milk in less developed countries is on the increase. This trend has been associated with higher infant mortality, increased infectious and diarrheal conditions, and lowered growth rates among infants and young children.

"With the steady decline in developed country birth rates, where breastfeeding also appears to be increasing, the major manufacturers of commercial baby foods have concentrated their efforts in the Third World. There, high birth rates still provide a continuing supply of newborns as the basis for intensive sales campaigns which have, say their critics, little regard for the health risks involved."[8]

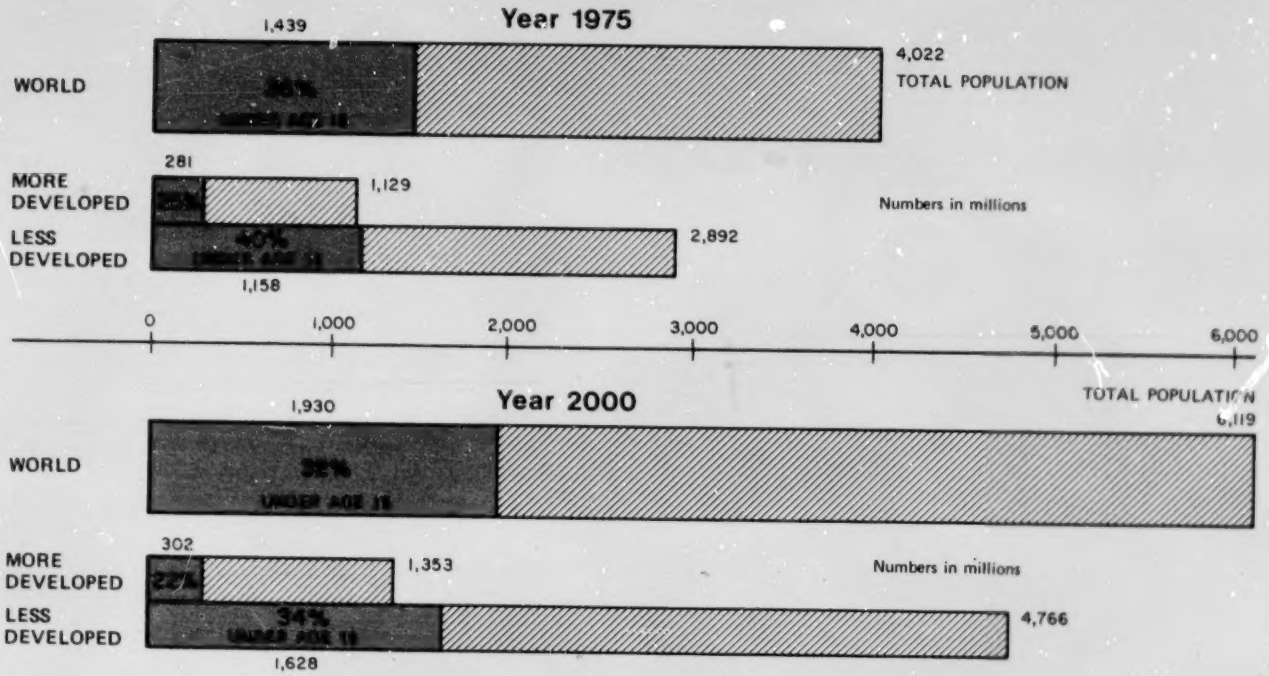
Vitamin deficiencies are also a large cause of ill health and poor development in children. Every year, hundreds of thousands of children, particularly in Southeast Asia, are blinded by xeropthalmia caused by lack of Vitamin A. Rickets due to Vitamin D and calcium deficiency, marked by bending and distortion of the bones, especially affects the children of the poor. Lack of iodine in the diet induces goitre.

Intestinal parasites, rife in the developing countries of the South, can bring on the effects of malnutrition even where the child has a relatively good diet. Roundworm is estimated to affect more than 500 million people, and hookworm and tapeworm infestations, which reduce the absorption of protein and certain vitamins, are also common.

Many of the major diseases affecting children in the developing world are the common communicable infections. These were once widespread in the developed world as well but are now largely averted by better nutrition and living conditions, and preventive medical care. Some laxness in preventive measures may cause their return, however. In the United States, for example, the proportion of preschool children adequately immunized against polio decreased from 70.2 percent in 1966 to 61.6 percent in 1976. Only 71 percent of such U.S. children are currently immunized against diphtheria-pertussis-tetanus (DPT).

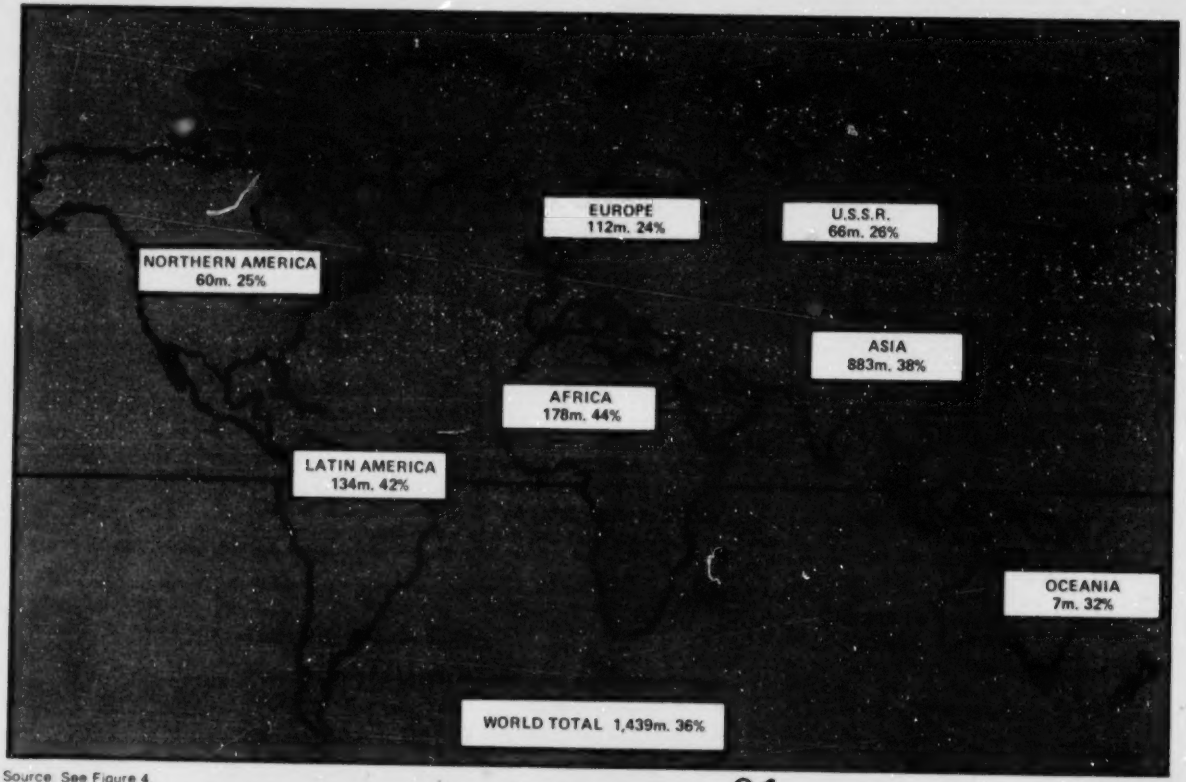
A child's good mental health and psychosocial development are dependent upon a warm and supportive psychological environment. Where these conditions are lacking, psychosocial

Figure 4. Children in More Developed and Less Developed Regions: Number Under age 15 and as Percent of Total Population, 1975 and 2000



Source: Population Reference Bureau, *World's Children Data Sheet* (Washington, D.C.: 1979).
Note: More developed regions include all Europe, the U.S.S.R., Japan, Northern America (United States and Canada), Temperate South America (Argentina, Chile, Uruguay), Australia and New Zealand. Less developed regions include all other countries.

Figure 5. Children in the World by Region: Number Under Age 15 and as Percent of Total Population, 1975



Source: See Figure 4.

development can be impeded or in some cases irreversibly retarded, with unfortunate results.

"Even mild and transient mental disorders in children can do irreparable harm to society; for example, a child drops out of school at an early age because of an emotional disorder [and] may never return. Childhood disorders of behavior and conduct, in particular, may be forerunners of serious psychiatric and social difficulties in adulthood. And, in addition to being nonproductive, mentally and socially handicapped adults may perform so poorly as parents that the next generation is born into severe deprivation with its attendant high risk of mental disorder."[9]

Although physical deprivation can and does lead to mental disease, there are emotional stimuli which material well-being alone cannot provide. In some cases, the poor child, even in overcrowded and unsanitary conditions, may fare better in this regard than its better-off counterpart who may suffer from a too close or too remote parental relationship and an inadequate psychosocial environment. Poor parents can be no less affectionate and caring than the more affluent.

In the more affluent countries, divorce rates are increasing and more children are growing up in single-parent families and other situations of potential social disadvantage. In the United States, for example, 17 percent of all children under age 18 currently live in one-parent families and it is estimated that 45 percent of children born in 1977 are likely to do so for a time during their childhood. Women's employment has increased and more young children are left to substitute care during the mother's working hours. This does not necessarily mean poorer care for the child, but where such conditions are being replicated in the developing countries, margins of affluence are not there to modify their impact. Extreme poverty, combined with an absence of traditional family support, has led, for example, to large numbers of children being abandoned in the urban slums of the developing world's cities—said to be as high as 25 million in Brazil alone. If not actually abandoned, children are often abused by harrassed parents, a problem of growing concern in developed and developing countries alike. In the United States, a nationwide survey commissioned by the National Institutes of Mental Health recently found that each year some 4 percent of all children under age 17, or nearly two million, are subject to parental abuse; parents under age 30 in the sample were 62 percent more likely to beat children than parents between 31 and 50.

While almost everyone subscribes to the commonplace that healthy children are the central hope of a society's future, it is tragic that the health of so many of the world's children should still be so poor.

For all our talk about economic recovery and developing the wealth of nations, the real wealth of the world is neglected. We still spend more each day on armaments than we spend in a year on meeting the basic health needs of children.

The handicapped child

The 1959 Declaration of the Rights of the Child draws particular attention to the handicapped child's need for "special treatment, education, and care."

The child with physical or mental impairment or chronic illness has to endure special difficulties in daily life. It is estimated that 5 percent of the world's child population suffers from severe handicaps and an additional 10 to 15 percent, especially among retarded and emotionally disturbed children, may need special attention to overcome less severe handicaps.

Rising numbers of accidents due to such increased hazards as the spread of electrification and heavier vehicular

traffic account for many of the physically handicapped. Recent wars in Africa, the Middle East and Southeast Asia have also left a toll of handicapped and crippled children in their wake.

Prematurity, which causes about half of infant deaths in the first four weeks after birth, is associated with severe neurological handicaps and later learning and behavioral difficulties, as well as increased illness in the weeks following birth.

Increasing numbers of neurological defects in children are also associated with the prenatal effects of mothers' smoking and alcohol and drug abuse and the growing amount of chemical toxins, radiation, and pesticides introduced into the environment.

Prematurity, chromosomal defects, and maternal disease are the chief known causes of mental retardation which appears to affect between 6 and 12 percent of children in most countries, depending upon reporting, diagnosis and labeling. Each year, for example, an estimated more than 700,000 infants worldwide are born with either mongolism or one of the other serious chromosomal abnormalities that can now be detected (and averted by abortion). Many can be expected to die young; others will suffer for life from varying degrees of mental retardation. Many will end up institutionalized and removed from society's view.

The incidence of severe biomedical retardation has been reduced by advanced medical prevention and prenatal care, at least in more developed countries.

"Though new types of mental retardation [have now been revealed by] advances in medical care . . . their contributions to the incidence rate are far outweighed by decrements in many other types of mental retardation. Immunization against measles and rubella, genetic counselling, pre-natal diagnosis, the treatment of severe inborn errors of metabolism, better nutrition and improved general care of children have produced substantial results."[16]

Less severe than biomedical retardation but more prevalent are other types of mental retardation that are more socially determined and therefore more amenable to prevention and ameliorative action. Cultural deprivation often causes mild but persistent forms of mental retardation particularly among poor children in ethnic and cultural minorities. With their deprived circumstances compounded by a marginal position in the community, difficulties with language and mental and social adjustment are frequent.

Many of the known causes of children's handicaps are most prevalent among the socially deprived of the more developed world and in the less developed countries. They are also more difficult to diagnose and treat in these sections of the world's population.

In general, the remedial action for the psychologically and socioculturally

UNICEF photo by Abigail Heyman

Severe malnutrition affects about 10 million children under age five.

handicapped lies with continuous rather than short-term intervention. Measures to improve general health are particularly important because of the linkage between physical and psychosocial health. Such measures would include improved maternal and obstetric care, better nutrition and immunization programs, and reduction of accidents. Efforts to upgrade social welfare are also critical, such as improved day-care facilities for children, family planning facilities to help reduce the number of unwanted births, and more "fostering" for children from seriously unsatisfactory environments.

Education

The roots of education and learning are formed long before a child enters school. Lack of intellectual stimulus in early childhood stunts development and retards the capacity to catch up in later years. Poorly schooled parents unable to stimulate a child's intellectual curiosity through conversation, books and exploratory play deny their offspring vital preparation for more formal education. Preschool facilities to augment such deficiencies are still relatively novel even in more developed countries.

Despite the growing debate about the virtues or demerits of this or that system of formal education, what is at issue here, particularly in the poorer countries, is basic literacy. Although this may not have been of such importance in traditional cultures, the illiterate person now finds himself or herself effectively disenfranchized from full participation in society. A child who can neither read nor write is constrained in its contact with the larger world, denied access to much of its own local cultural heritage, and effectively barred from social and economic paths to a better, more secure life.

The literacy of parents and children is often, in itself, the key to improving health, nutrition and general living conditions. For example, spreading information on health and family planning is hampered where literacy does not exist; improvements in nutrition and agriculture are much harder to disseminate; self-help in providing shelter and services slows with the inability to read simple instructions; and job training for skill improvement is made much more difficult.

Accurate estimation of illiteracy is impossible because census data are incomplete and often not comparable because of different definitions of literacy. However, the world total of illiterate adults is very high—about 800 million in 1975, according to UNESCO estimates. Although the percentage of adults who are illiterate was down in 1975 to 32 percent from 44 percent in 1950, rapid population growth and continuing inadequate educational systems had raised the absolute numbers by 100 million in this quarter century.

Illiteracy is not wholly confined to the less developed world. In the more developed countries there are disadvantaged groups at minimal literacy levels who are dropouts from the educational system. Even so, the incidence of illiteracy follows closely the distribution of affluence and degree of development. In 1976, UNESCO's Director General reported:

> ". . . the map of illiteracy coincides almost exactly with that of poverty and . . . in the 25 least developed countries the proportion of illiterates still exceeds 80 percent. Despite the prodigious efforts made by so many countries of the Third World in the field of education, it is forecast that in 1980 there will still be 240 million children in the world between the ages of 5 and 14 not attending school, and, in all, 820 million illiterates, 20 million more than at present."[1]

In the rural areas of the less developed world, less than 10 percent of children receive the minimum few years of primary education required to achieve and retain basic literacy.

The situation for girls is even worse since, in some countries, less than one out of ten girls of primary school age is in school. This reinforces the circle of educational deprivation for when they become mothers they are less able to help their children become literate. Two-thirds of the world's 800 million illiterate adults in 1975 were women.

While most primary-school-age children in the developed countries are enrolled in school, some 120 million of those in the developing world between six and eleven years of age were out of school in 1975; of this number, 80 million were in Asia. In its most recent *Report on the World Situation*, the United Nations stated that: "In several of the least-developed countries, barely one-sixth to one-third of the children of elementary school age are in school." These low enrollments stem from poverty, and shortages of teachers and school facilities. Help in acquiring food and shelter, needed by the family in order to survive, also keeps children out of school or causes them to drop out.

Many only begin school at eight or nine years of age and about half drop out before completing four or five years of schooling. Even while in school, many children in developing countries are forced to repeat grades which reduces the places available for other children in those grades and increases the likelihood that the child will later drop out entirely.

Difficulties of attending school are compounded by lack of relevance of school to the more immediate needs of children and their families. The Executive Director of UNICEF comments:

> "A phenomenon general to the primary school system in these countries is the large number of drop-outs in the initial year. This is variously attributed to the family's inability to continue to clothe and equip the child for school or to circumstances requiring the child's help at home or in the fields. Additional causes of drop-out may be the uninteresting content of the curriculum, ineffective methods of teaching, and over-all, the irrelevance of what was taught to the pupil's environment and family lifestyle."[12]

Primary school teachers are still in short supply, despite massive efforts by the poorer countries themselves which added four million between 1960 and 1975. (According to the Population Reference Bureau's *World's Children Data Sheet*, in Africa as a whole, there are currently 111 children in the primary-plus secondary-school-age range, 5-19, for each available teacher and in Asia, 61, compared to a ratio of 30 to one in Europe as a whole and 24 to one in the United States.) In addition, many of these too few teachers have no more than a primary education themselves. It is generally held that a teacher at a given level should have been trained, at least partially, at the next highest level.

Between 1975 and 1990, the United Nations projects that the population of children aged 5 to 14 will go up by more than 30 percent. Over half of this increase will be in Africa with Asia and Oceania a close second. Less than 10 percent of the increase will be in Europe, Canada and the United States and the U.S.S.R. By 1980, Asia alone will account for about 62 percent of the world's school-age children.

To meet such formidable needs, the poorer countries will probably have to reform their school systems extensively from the present modes, which are often relics of their colonial past, to systems which may be more in line with their developmental needs.

Employment

Although children below age 15 are not usually considered part of the work force, large numbers of them in the developing world do work. Some 52 million children under 15 were at work around the world in 1978 according to International Labour Organisation (ILO) estimates: 29 million in South Asia; 9 million in East Asia; 10 million in Africa; 3 million in Latin America; and one mil-

lion in developed countries.[13]

Of the 52 million total, ILO reckons that 42 million children are working without pay in family enterprises, mainly in agriculture. The other 10 million are paid, but usually far below the going rate for adults. They work in small factories, cottage industries such as rug-making in Pakistan, in the fields—for example, cutting sugar cane in the Philippines or harvesting rice in India—and in domestic service.

These figures represent only the "tip of the iceberg," the ILO warns, since child workers are not generally covered in statistical surveys of the labor force. Further, the figures cover only fulltime child workers and not those able to combine parttime work with attendance in school.

In an effort to reduce the number of child laborers, the ILO in 1973 called upon its then 123 member nations to ratify a Convention establishing 15 as the minimum age for workers in industry, transport and commercial agriculture. As of January 1978, only 11 countries had ratified this Convention.

Many non-ratifying nations have themselves decreed a minimum legal age for paid work, such as the United States where this age is 16 for most occupations. However, the inability of the ILO to legislate child labor out of existence is due mainly to the fact that in developing countries this labor is crucial to the survival of many families. Children's unpaid help in the fields and tending animals, and girls' help in the home—preparing food, carrying water, and caring for younger children—frees adults for other work vital to the family's existence. In other cases, even the minimal extra income brought home by children makes the crucial difference between starvation and sufficiency for themselves and their families.

Dictating a minimum working age of 15 or even 12 or 10 is also impossible for most developing countries so long as they are unable to guarantee a majority of their children a place in at least primary school and prevent massive dropouts.

UNICEF photo

This Venezuelan boy is one of what the International Labour Organisation estimates as at least 52 million child laborers in the world today.

Those children who do work for pay face increasing competition for their jobs from older children. They also face the likelihood of unemployment as they themselves grow older. Youth unemployment is currently critical in most countries, particularly for poorer, less skilled youth, and those in minorities. In the United States, for example, 50 percent of job-seeking nonwhite males aged 16-19 were out of work in Detroit in 1977, 55 percent in Philadelphia, and 48 percent in New York City.[14]

For most children in developing countries, the outlook for employment as they reach adulthood is even bleaker. As a result of record population growth in the past two decades, the ILO projects that worldwide the numbers of people working or looking for work will rise by over 800 million between 1978 and the year 2000—from 1.7 billion to 2.5 billion. And this in a world where some

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300 to 500 million members of the labor force are already without work, mainly in less developed countries, and 35 percent of those who do work in developing countries are employed for only a few hours a week or months in the year.

Shelter

How well children live is very much determined by the quality of the family dwelling and its supporting water, sanitation, and other services.

Most authorities agree that housing conditions in the developing world, particularly in the poorest countries, have worsened rather than improved during the past ten years, and that the numbers of those unable to afford even the cheapest dwellings have increased. Many children do not have a home worthy of the name; it might be just a place on the pavement in Calcutta, the corner of a leaky crate in a Rio *barrio*, or part of a slumroom shared with another family in Bangkok.

Conventional housing standards allocate about 50 square meters of living space for a five-person family. Few Third World people, particularly among the urban poor, have such comparative luxury. Their families are large and it is not unusual for two families and assorted kin to share less than this space. Those fortunate enough to live in "standard" housing are, in most cases, still crowded into unsanitary slums. But they are better off than those in the proliferating shantytowns which, as we have seen, account for about 30 to 40 percent of the population in urban concentrations of the developing countries, and which are growing at a rate of 3 percent a year and more.

Where rooms as such are available, many are occupied by as many as six to eight persons, with an average living space of three square meters per person. Some may have to take turns sleeping. Under such conditions, family privacy is non-existent, interiors are often dark and stifling, roofs leak, and hygienic conditions are difficult to maintain.

Extracts from a young slum dweller's account of his childhood in Bangkok illustrates what this means for children better than any figures:

"Slum children, unlike children in normal houses, have to struggle and face daily problems very much on their own from early childhood . . . They are rushed into adulthood as far as duties and responsibilities are concerned . . . thinking they can act adult, the majority resort to gambling, smoking, and later heroin.

Many do not have breakfast before school . . . They are tired and hungry. Some work at night as mini-bus ticket collectors . . . [or] collect waste fats thrown out by nearby slaughterhouses.

Lack of water has helped form bad habits among many slum children. The children skip bathing for many days at a time to avoid being scolded by parents for using too much water for cleaning themselves. Skin diseases are commonplace.

Members of a troubled family rarely have time to sit down and thrash things out. Everyone—the husband, the wife, the grownup children—has to spend most of their time working for a living . . . Poverty and hardship lead many couples to separation and later to common-law divorce."[15]

Inadequate water supply and sanitation are two of the main problems in such substandard dwellings. In some countries, clean water is available to less than 50 percent of the urban population. Where unavailable from nearby pipes, there is costly recourse to buying water from vendors, daily carrying from distant sources, or use of polluted ponds and ditches. Sewage often contaminates potable water supplies through lack or overburden of systems.

Innumerable children throughout the world suffer from inadequate and contaminated water.

Water-related diseases are leading killers of infants and children. By drinking bad water they contract diarrhea and other intestinal ailments; by playing in it they are exposed to waterborne parasites.

UNICEF photo

Typical sidewalk squatter dwellings of children in Bombay contrast starkly with modern high-rise apartment buildings which house a fortunate few.

Short water supplies mean hard labor for young children, particularly girls, who are most often delegated the task of carrying water from long distances many times a day.

Insufficient water affects education; the time spent carrying water subtracts from time that can be spent at school or study, and low personal hygiene encourages the kind of disease that keeps a child from school.

In areas where all water is scarce, the disadvantages go beyond child labor, discomfort, and illness to include ever-present dangers of drought, possible famine, and death.

All in all, the less developed world faces staggering needs associated with shelter, taking into account the need to replace obsolescent stock, remedy existing shortages, and plan for inevitable population increase in the next two decades.

Meeting Children's Needs

Many of the most urgent needs of the world's children can be met directly at relatively low cost. But their overall longer term welfare can only be improved within the larger context of meeting the basic human needs of their parents and of all the world's people now at or below minimal poverty levels.

This is not merely a matter of charity or traditional development aid. After more than 30 years and billions of dollars spent on development, more than one-third of earth's inhabitants are still excluded from their most minimal and basic rights as human beings to enough food, housing, education for their children, jobs and health services. As Harlan Cleveland has put it:

"The time has come to relate international economic arrangements to the meeting of basic human needs. The 'first floor' is minimum needs, for food, health, and education, to which each person should be entitled by virtue of being born into the world we call civilized. Making this entitlement a reality, in a time-phased plan, should be a joint responsibility of each nation concerned and the community of nations. The 'second floor' is such other basic needs as are defined by each society for its own people; their satisfaction is primarily the responsibility of each nation, arranging on its own initiative for international cooperation in meeting them."[16]

There are more than enough resources and capacities available to meet such basic human needs within a relatively short time, despite current

cries about intrinsic shortages of food, materials and money. The obstacles to do so are not material but human. They are mainly those of our conventional economic, political and institutional arrangements, which, on the whole, perpetuate poverty, inequity and injustices while squandering a major part of the world's wealth on armaments and other forms of national aggrandizement.

However, there is no one obvious way to meet everyone's needs, even children's. Each country has different problems and different local capacities and ways of meeting them. Each country must therefore choose its own path within a framework of collective self-reliance and regional and international cooperation.

In the past few years, the harsh realities of a fragile global interdependence, affecting food, fuel, materials and jobs, have forced even the advanced nations to reconsider their own developmental directions. It is suddenly borne in upon even the more fortunate that we are all in the same leaky boat. The affluent cannot stay that way unless the poor get a bit richer. Spreading the wealth around means eventually that everybody gets more not less. It has taken the Western nations over half a century to realize this simple truth which is the crux of their own development.

The urgency of these collective challenges—to meet the basic needs of people and their children, to restructure the international economic order, to work toward a more just, equitable and sustainable world society—has spurred many new approaches and strategies.

In meeting basic needs, two main principles are now commonly agreed upon:

1. People need to be involved in meeting their own needs. Without such participation of the mass of people, proposed solutions remain lopsided and topheavy; problems intensify rather than lessen. The principle is to do things *with* people rather than *for* people.
2. As needs are interdependent and interactive—food with health; both with education, housing and jobs; and all together—efforts to meet needs have to be integrated at the same level. Piecemeal approaches are likely to be less effective and more costly.

While the larger fulfillment of basic human needs has been discussed in detail elsewhere,[17] our present focus is on meeting the needs of children.

Given the size of children's needs, the chief questions are:
How are problems to be met in local circumstances?
Where are the resources to come from?
What are the costs likely to be?

The major leadership in answering these questions has come from the United Nations agencies acting in concert with many national governments and non-governmental organizations.

The UNICEF/World Health Organization approaches to the development and dissemination of basic services in areas of child health, nutrition, education and general welfare are now models of their kind. Based upon and reinforced by local and national initiatives in such countries as China, Sri Lanka, Cuba, Tanzania and Mexico, these new approaches hold out more hope of success than conventional means in reaching the very large numbers of children now poorly served or entirely neglected in many poorer countries. As described by UNICEF, such less conventional approaches provide:

". . . the framework for the extension of a group of simple interrelated services benefiting children in villages and poor urban areas to meet the most common needs, such as health services, maternal and child care and family planning; safe water supply and waste disposal; local production, conservation, storage and consumption of more and better quality foods; literacy and elementary education; and the introduction of simple technologies to lighten the daily tasks of women and girls, along with educational and social

programs designed to strengthen family life, improve child care and support the advancement of women."[18]

The cost of basic services developed in this manner is low. They are essentially labor-intensive, depending mainly on human resources and ingenuity which are abundant but neglected. Regarding actual dollar costs, UNICEF stated in 1976 that:

"... The broad bases of calculation suggest that external assistance of the order of $8,000 million, and an equivalent investment by the participating countries, would be required to develop the essential infrastructure and to provide basic services for all children and mothers among the rural and urban population, totalling 900 million, in the developing world. Spread over a period of 15 years, this requirement of external assistance would amount to an annual average of $500 million."[19]

A 1978 release setting forth targets for the five years following the International Year of the Child noted further that:

"... some 50 million of the 400 million children under six who are now without access to health services could be served with some $500 million from the extra resources raised over the five years. Another 35 million young children of the 320 million now without access to safe water could be served with some $250 million of the extra resources over the same period."[20]

Meeting basic health needs

In the area of health, the basic services approach is built on three main principles: That non-professionals and paraprofessionals should be involved; that health care should be integrated with nutrition, education, housing and sanitation improvement, and a wide variety of other community-based activities in a total development approach; and that, given that much health care is essentially social, traditional medicine and its local practitioners should be integrated with up-to-date medical practices.

A major element in the basic health services approach is the primary health care worker, or "barefoot doctor" in Chinese parlance. He or she is selected by the community, trained locally, and accepted and supported by the community. Primary health workers are responsible for referring cases beyond their capacities to more specialized physicians or hospitals and are the recipients of training, drugs, equipment and ideas concerning health coming into the community. He or she does not replace the professional doctor but acts within the larger system of medical care.

How does the basic health services approach work in practice?

"Villagers in the Thies region of Senegal, for example, select from amongst themselves the person to take a three-month course to become the volunteer pharmacist and health worker for the community. In the Puno region of Peru the communities are electing the young rural leaders who receive training to run the 'initial education' centres. In Niger, the choice by the villagers of their community health workers is based on certain criteria; he or she must be a volunteer, live in the village and be willing to undergo training. The 'worker doctor' in China is chosen by fellow factory workers to become the health workers in their shop. The same is true with the 'barefoot doctor' in the commune."[21]

This is no secondhand substitute for the sophisticated medicine of the affluent countries. Indeed, the richer countries have recently come to realize the need to reform their own systems and to reinforce their primary health services if they are to provide their total populations with effective care at an affordable price.

One commentator has summarized the problem of medicine in the more developed countries in the following way:

"If I were asked to compose an epitaph on medicine throughout the Twentieth Century, it would read: brilliant in its discoveries, superb in its technological breakthrough, but woefully inept in its application to those most in need. Medicine will be judged not on its vast and rapid accumulation of knowledge

per se, but on its trusteeship of that knowledge. We are experienced and all that remains is the problem of translating what is common knowledge and routine medicine, and hence practice, to the other two-thirds of the world. The implementation gap must be closed."[22]

The example of the health worker is a starting point for local involvement in other and larger-scale projects aimed at meeting overall needs.

In the Jamkhed village project in India, health care is developed in concert with measures for improving agricultural production, water supply, irrigation, roads, and buildings for schools and grain storage.

The "Salud Comunitaria" program in Panama has established health posts, trains local volunteer health workers who carry out immunization campaigns, supports the cultivation of community gardens, and undertakes water supply and latrine construction.

In Malawi, villagers enlisted to pipe pure water down from the mountainside became motivated to begin activities insuring health, nutrition, sanitation, and education.

An important aspect of these community activities is the degree to which they involve women and girls. The primary services approach is designed to recognize their special needs by finding ways to reduce their traditional labor, thereby freeing them for wider roles.

The examples mentioned here refer mainly to rural situations but such community mobilization also works in urban settings. One critical role in such settings is to help mothers understand the basic problems of infants and children peculiar to urban conditions.

In urban situations, the basic problems caused by a poor environment are even less amenable to simple, non-comprehensive solutions. The economic life of a city is intrinsically much more complex. However, urban people are more oriented to change. Educational and other facilities may be more plentiful and more accessible. There are more organizations and communication networks available to use and to help.

The community approach to health in both urban and rural settings can be more dynamic than any elaborate system of conventional medicine. The World Health Organization claims that:

"... infant mortalities, for example, can be cut from the current rate of 150 per 1,000 in developing countries down to 50 without any form of health [services]. Food, clean water and sanitation alone would suffice. This is exactly what happened in the developed countries, where the incidence of communicable diseases fell dramatically before modern medical services built around drugs, doctors and hospitals became important."[23]

UNICEF photo by Carolyn Watson

Clean, adequate water provided at low cost, as with this UNICEF-built well in Senegal, would go a long way toward improving the health of children in developing countries.

The basic services approach is readily applicable to all countries because of its low potential cost in buildings, equipment and training. All of which does not deny the need for hospitals and other advanced facilities which should be an integrated part of any national health service. Nor does it mean the end of the need for international assistance in funds, facilities and training programs. Sensibly allocated aid is essential if the basic health needs of children are to be served in the shortest possible time.

Meeting food needs

Getting enough of the right kind of food is a major determinant of the child's health development. In aggregate the world produces more than enough food for every man, woman and child. Some get more than others; others have enough but the wrong kinds for a balanced diet; some are chronically short. A child's food intake is largely determined by where he or she lives, the child's age, and how much money there is to spend.

For example, the food-rich countries which are also the more developed, occupy 40 percent of the world's total land area, 12 percent of which is arable or permanent cropland. On this they produce 1.7 billion metric tons of grain and root crops a year and have 27 percent of the world's population to sustain.

The food-poor developing countries produce a little less—1.5 billion metric tons of grain and root crops a year—using slightly less of their total land area for arable or permanent cropland, and have 73 percent of the world's people to feed. They also have little opportunity to balance and enhance their populations' diets with meat, fruit and dairy products which are readily available to most in the developed countries.

But given these elements of imbalance, greater food self-sufficiency is within the reach of the developing countries.

Paradoxically enough, hunger is often most severe in places where food could and should be grown. Until just about 25 years ago, the developing countries as a group did in fact supply their own food needs and more. Population growth, the emphasis on industrial development, the shift off the land, growing economic poverty, and "unusual" weather changes took their toll. Now many are importers of essential food grains.

Although some of the soil in the food-scarce countries is less productive, much of the difference in productivity compared to the food-rich countries is due to poor traditional farming practices, inequitable land tenure systems, and lack of better means for more effective irrigation, soil rotation and tilling. Because of economic stringency, cash crops are often grown for export where food could be grown for local consumption; many traditionally indigenous food plants have been neglected in the same process. Of the food crops that *are* grown, wastage because of pests, carelessness, and inadequate storage and transportation is very high. The U.S. National Research Council recently calculated, for example, that after the harvest alone at least 42 million metric tons of cereal grains and legumes were lost in the developing countries in 1976—a tonnage that could have satisfied the annual minimum calorie requirements of 168 million people, or twice the population of Pakistan and a quarter that of India.

In many Latin American countries, it is estimated that 1 percent of the large landholders own or control 50 to 75 percent of the land. Such land tenure systems provide little incentive to the farm family to produce more and escape the poverty which ensures that children are brought up without much hope of improving on their parents' situation. This means stagnation in terms of economic and social development, thereby ensuring that inadequate local production of food will continue.

In such conditions, even if enough food appears to be available, poverty and ignorance may still erode the capacity to provide a balanced diet: preparation methods are often destructive of the food's nutrient content and local foods and traditional more nutritious ways of preparing them are ignored. Also, distribution of food within the household is likely to continue to leave to the last those most in need, that is, children and nursing mothers.

The basic services and community approach to health and nutrition tackles many of these problems directly, and initiation of services in an area previously unserved may come about quite naturally. UNICEF reports:

> "During the Sahel drought, for example, the health centre at Yako, in Upper Volta, began treating children suffering from severe malnutrition. The mother or an older sister was taught how to bring about the child's recovery with a gruel made from locally grown foods. His return to the village he had left only weeks before, on the verge of death, had great impact. The mothers then became teachers of other women of what they had learned about nutrition and local foods. To this were added such measures as development of home gardens and nutrition surveillance. The 'Yako experience' is now being extended to other districts of Upper Volta and to other countries in the region."[24]

Family welfare workers may again be involved in a variety of community activities. These may now include the discussion and initiation of low-cost village-level technologies to expand food production and food processing. For example:

improving traditional methods of crop storage to reduce losses which sometimes run as high as 30 percent;

introducing manually operated cereal and legume grinders and millet threshers;

improving cooking arrangements to reduce fuel consumption and dangers to children;

using wind, water, and solar power for pumping water, grinding cereals and for small-scale production of electricity.

Local district participation in the manufacture and use of "intermediate" technologies is an important aspect of self-help development. It has the advantage of being directly oriented toward meeting local needs and being adaptable to local resources.

Education

The main issues in child education in the poorer countries are literacy, preschool/family-based learning, primary education, and, in the larger sense, the relative ineffectiveness of formal means to reach large numbers of children and young people.

As in basic health services, the resolution of those issues is not one merely of extending existing systems but of redesigning the overall approach.

There are many examples of developing countries now endeavoring to expand and improve their primary education as rapidly as possible. Some seek ways in which existing schools can serve more by double shifts, alternating school days for different groups and keeping schools open longer. Others have reorganized their school systems, for example, the "godfather" school in Tamil Nadu (India) and the "nuclear" or "consolidated" schools of Latin America which group smaller village schools, offering a limited range of instruction, under others that offer the full cycle.

Other approaches combine child, family and adult education in literacy programs. Similar to the primary health services approach, these programs use local people and materials, encouraging local participation on a community basis. Literacy instructors need not be trained teachers. In many cases, it has proved more effective to have students, other workers, and farmers conduct the courses, with literacy materials developed indigenously to focus on actual problems encountered by people in their

daily activities. Older people, for example, may have traditional skills, experience and insight to contribute in such programs; young children may also be teachers rather than pupils where their literacy levels are higher.

Combining this approach to the promotion of literacy with that of meeting needs in other areas provides incentive for acquiring new learning.

For instance, primary health, nutrition, sanitation, and environmental hygiene projects at the local level provide excellent vehicles for instituting functional literacy.

Self-help projects in housing and support services draw upon traditionally available skills which can be fostered through many activities associated with literacy.

Urban-rural programs for enhancing producitivity require specific literacy skills which could be inculcated while learning about agriculture, irrigation, food storage, processing, and marketing, and indigenous industry crafts.

In rural areas, environmental education that emphasizes the role of natural systems in enhancing good husbandry can aid functional literacy as well as demonstrate the need for primary and secondary education.

This family- and community-oriented type of service is paralleled by the concept of the "minimum learning package" developed by UNICEF. The elements of this package include:

"1. Functional literacy enabling persons to have access to sources of knowledge which they personally might find useful . . .
2. An elementary understanding of the processes of nature in the particular area . . .
3. Knowledge and skill to develop self-reliance and for raising a family and operating a household.
4. Knowledge of the social environment to allow constructive participation in community affairs."[25]

Primary education depends upon the capacity to teach and to learn, a relevant curriculum, and the overall environment for learning within and outside the school.

Capacities and resources for teaching are usually in short supply in the poorer countries. As noted, teachers themselves may be just above the primary level and the aids and resources they can call upon are limited. In formal systems, this problem may only be resolved by redesigning teacher training programs and upgrading the status of teachers.

Teachers are not only relatively scarce in number, but those that there are often do not wish to serve in the rural areas of their country where amenities and conditions are far less comfortable than in town. More incentives may therefore be required for rural work.

The child's capacity to learn is in great part determined by the family and his or her immediate environment. Where financial costs are involved, parents may be simply unable to afford to send their child to school. And the effectiveness of schooling is constantly undermined by the demands of family livelihood and simple apathy, leading to wasteful rates of repetition and dropout.

An important key to this set of problems may lie in the relevance of curriculum. Many curricula and school systems at primary and secondary levels in developing countries have retained the form and substance of their colonial periods and are ill-adapted to their present circumstances:

"Many . . . have stubbornly refused to change these curricula because they fear that a system based on African (or Indian or Indonesian) needs might be a device aimed at preventing equality between African and European. . . . [Such curricula] represent a world and ideals which are generally foreign to the local and family environments in which their pupils belong."[26]

In such cases, lack of curricula revision may prevent education from

being the pacemaker and primary agency of change in the society. Beyond the primary level, it can also create a class of unemployables whose mal-education does not fit any of the needs of the society.

One encouraging note in formal education is the comparative increase in the numbers of girls in the more traditional societies who are now attending schools at various levels, although illiterate and unschooled girls still outnumber illiterate boys. In Asia, for example, girls rose from 35 percent of total enrollment in primary schools in 1950 to 41 percent in 1974.

The care and education given by society to children should be seen as supplementary to that given in the early years by the family. But "parenting" is also a learned social function. Parents may need advice, training and assistance in the difficult and vital task of bringing up children.

Younger parents have become aware of this and are often more prepared to learn how to care for their children. The father's role in particular is changing and more parental sharing is becoming acceptable. However, even in affluent countries, adequate parenting may be difficult for some. A Swedish writer observed in 1976:

> "In our society [Sweden] there are far too many parents who do not have time for their children, nor the stamina to interact with them. They want contacts with their children, they want to give them love and stimulation, but after they have journeyed home from work and done the necessary housekeeping chores comes the time to put the children to bed and there's no time left over for being together. Fatigue weighs down every limb and the head feels washed-out. Our working life is evidently too strenuous to let us as parents give the children what they need."[27]

If such family problems are found amidst high living standards they are of course greatly intensified by poverty.

In both situations, for much the same reasons, the provision of in-family services, nurseries, day-care centers, and kindergartens is essential to augment family care and ensure adequate child nurture.

UNICEF photo by H. Cerni

Children bring their own benches and parents pay $1.00 a month for this simple school in the slums of Cartagena, Colombia.

Child care and benefits

The community's responsibility for its children in recent history has taken a number of forms. For example, most countries make special provision for the care of illegitimate children, orphans, those from broken homes, and the handicapped, even though many such provisions are minimal or too "institutional" in their approach.

Also, family allowance benefits have been inaugurated in many countries. These are intended to equalize children's opportunities and to minimize the economic risks which all families run in

terms of premature parental death, unemployment, sickness and maternity.

The amount and distribution of benefits vary considerably. Some are related to parents' employment; others give cash allowances based on economic circumstance. Many graduate benefits according to the number of children, starting benefits at the first, second, or third child, either as direct payments or income tax deductions.

At first glance, such systems would appear to have the effect of raising the birth rate. Actually the reverse seems to have been the case. The most comprehensive allowances and child payments have long been operable in the more affluent countries of Europe where birth rates have declined to low levels. This would accord with the notion that the provision of better child health, nutrition, and social security services are important measures for reducing population growth.

Beginning as early as the 1940s in France and later extended to other European countries and Canada, there has been a trend toward giving child benefits via cash transfers, rather than through the income tax system. Such family allowances are no longer subject to a means test and some are adjusted to rise with living costs. Some countries have gone further in these directions of direct measures to aid child welfare within the family situation.

In Sweden, a "parents' insurance" system, introduced in 1974, now entitles employed fathers and mothers to share nine months of paid leave on the birth of a child, three of which can be saved to spread over the child's first eight years. A bill under consideration in 1978 would also guarantee rights of Swedish parents of smaller children to shorten their working days without losing their jobs.

In the developing countries as a whole, general economic conditions and rapidly increasing populations of young children make the provision of adequate family and child welfare services much more difficult.

While locally self-reliant efforts and basic services approaches may go a long way towards improving such conditions, a much more massive effort will have to be made internationally to augment and maintain such improvements in the longer term.

The Rights of the Child

Family allowances and legislation concerning child care are part of the overall movement toward ensuring the rights of the child in whatever circumstances he or she may be born.

This implies children's rights and justice in the broadest sense, not only to the basic physical needs which maintain life but also to humane care and equal opportunity for biological, psychological and social fulfillment.

Laws concerning children tend to be more concerned with adults' rights over the child, than with the rights of children themselves, that is, rules of custody in divorce, paternity, guardianship, child labor and property rights.

As states the Declaration of the Rights of the Child, children have the right to be born free and into conditions where their race, sex, religion and class impose no predetermined and fixed barriers to the fulfillment of their potential as human beings.

But children are not born free and equal. They come into a world in which most of the social, economic and political factors which will govern the entire course of their lives are already determined for them. That this appears logical and in the natural order of things is no defense. The growth in human freedom and equality has come about by questioning such natural orders and logics.

Some fundamental principles may be set forth as follows:

"The birth, growth and developmental needs of children and their families must be met as those needs are manifested among children at different ages, in differing sequences and patterns, in differing circumstances.

The needs of all children must be met regardless of socioeconomic status, race, sex or residence.

Both the family and the society share the responsibility for meeting these needs. The responsibility of the child—self-discipline, respect for others, full development—that is necessary for the child's development results from the family's and society's responsibility toward him.

Services must be equal—in access, control, and quality—without regard to the financial circumstances of the family. They must be tailored to the needs of the individual and delivered by persons and institutions fully and directly accountable to the individual recipient and the community of which he is a part."[28]

These summary points concern the broad social rights of child and family. A recent statement indicates some of the other aspects to be considered:

". . . (1) the rights of children, including that which is necessary for their survival and that to which they have a just claim vested by law, authority, and social custom; and (2) the protection of children when rights are not met and when the judicial system becomes involved.

Among the rights of children, I would list the right to (1) adult love and care; (2) mental and physical health care; and (3) education. The first is centered in and provided primarily by the family; the second and third are the responsibility of the family but involve outside agents and the state in their provision.

Protection when rights are not met includes: (1) situations when parents neglect, abuse, or abandon children; (2) status offenses; (3) protection from damaging treatment—physical, social, or emotional—such as administration of drugs by schools without parental consent or medical supervision; (4) the right not to be subjected to dangerous physical or psychopharmacotherapeutic treatment in institutions for the mentally retarded; (5) privacy of records; and (6) those situations when a child engages in antisocial behavior.

Another way of looking at these two realms might be to describe the first as that which a child needs to survive and grow; and the second as the means society has devised to protect the child and meet his needs when the family does not or cannot function."[29]

While many of these considerations are already accounted for in law, their translation into actual social and economic practice varies from country to country and often by locality and community.

Care should be exercised, however, in interpreting the extension of such state services wholly as an extension of the rights of the individual child. However benign and well intentioned, there is always the danger that the availability of a service becomes the bureaucratic requirement that the service be mandatory for all, regardless of personal choice. The claims of the state to serve often become superogative to the rights of the individual. The tyranny of poverty and deprivation is replaced by a tyranny of services, which, while alleviating dire need, may tend to erode the initiative, freedom and responsibility of the person to determine how his or her needs may be best served.

Although families come in all shapes and sizes, laws and bureaucracies tend to operate as if they conformed to an ideal. When a real family deviates from this artificial norm, it does so at peril of sanction or loss of benefit.

In the case of children, such pressures can be critical. Their "right to be different"—in behavior, accomplishments and personality—may often be suppressed by prevailing social and cultural norms and by parental conceptions of what they ought to be or become.

The resolution of this issue is difficult and fraught with ambiguities, but its manifestations are widespread, for example, in "labeling" and institutionaliz-

Photo by Harold M. Lambert

Children are entitled to: "Love and understanding and an atmoshpere of affection and security, in the care and under the responsibility of their parents whenever possible."—Sixth principle of the United Nations Declaration of the Rights of the Child, *1959*

ing the mentally retarded child and in discriminative use of intelligence testing to structure childhood education. Such measures are logically conceived and reasonable in their practice. But the very concept of a "normal and healthy development for all children" can beg the question of what is normal and what is healthy at different times and periods of life for specific individuals. The gifted deviant or the harmless subnormal may be straitjacketed within some temporal ideal which denies them their essential differences.

Children are both the instruments of continuity in society and the agents of social and cultural change. Access to the human social and cultural heritage is their inalienable birthright. While we rely upon them to carry forward that heritage, their world in time is no longer ours. As they grow they must also be allowed to transform their heritage in ways that may better meet the needs, expectations and aspirations of their own and future generations.

In meeting the needs of the world's children now, those in absolute poverty have a prior claim on our capabilities. The improvement of their conditions is not only a moral imperative but one of the most direct ways to ensure a greater degree of stability and harmony in our precariously interdependent world. If we do not, their frustration and despair may overwhelm us.

Our success or failure in dealing with the needs of the child, especially

among the poorest part of the population, will determine whether or not we will have a permanent underclass of second-rate citizens, who never had the chance fully to develop their human potential.

The challenge is clear; the resources and capacities are at hand. How we decide to meet the needs and rights of our children and with what speed and determination will, in our own time, decide the fate of our nations and the future of all humankind.

Toward the Future

In the year 2000, most of today's children will be parents. The children of today's children will still be young (under age 15) but if recent projections hold, there will be about 1.93 billion of them—500 million, or over one-third, more than in 1975.

The greatest numbers will be in Asia, 1,093 million or 57 percent of the total, followed by 346 million, or 18 percent, in Africa. Latin America will have 226 million, or 12 percent, and Oceania (including Australia and New Zealand), 9.6 million, less than 1 percent. Europe, Canada and the United States together will have only 181 million, just 9 percent of the world's population under 15 years of age, while the U.S.S.R. will have 74 million—4 percent of the total.

The world they live in and how they live will depend upon the kinds of decisions which we make today and in the next few years.

We can probably do something about lessening the projected numbers, through better education, nutrition, health, and family planning—and by raising living standards.

We can certainly ensure that most of them are not born into dire poverty or suffer extreme deprivation in childhood —and that means seeing that their parents, the children of today, will have jobs when they grow up in the next decade and enough income and services to provide good care for their children.

We should do as much as is humanly possible, in our communities, nations, and at international levels, to make certain that the fate of the world's children is accorded a much higher priority in our social, economic and political affairs.

It is a big job—but no more than most parents, on an individual basis, spend the greater part of their lives doing. The price of paying insufficient attention to the world of our children's children will be a much more crowded, turbulent and insecure place for all people.

Added to the frustration and anger of those already in disadvantaged and depressed conditions around the world will come the problems associated with fast-growing populations.

Those who will seek work in the next two decades have already been born. By the year 2000, there will be 245 million young people aged 15 to 19 out of school who should be in the labor force, 5 percent more than in 1970. However, this relatively small increase masks the projected increase in Africa and South Asia, which is 30 percent.

Total numbers of people on the labor market in Africa and Latin America will probably double. In the latter alone, the International Labour Organisation projects that the numbers will go from 88 million in 1970 to 195 million by the year 2000. The South Asian work force, or those seeking work, will be more than double the combined labor markets of all the presently developed countries. The unemployment crisis in the developing world will be beyond anything yet experienced in the Western world.

The problems of rapid urbanization will greatly intensify with population growth as many millions of the rural unemployed and underemployed move into the teeming cities of the Third World. These are estimated to gain 1.2 billion

more people between 1975 and 2000—an increase of 162 percent—while their housing, social services, water supplies, and sanitation are already overstrained.

These two aspects alone, of a growing labor force and increased urbanization, pose the threat of mounting social and political tensions, massive unrest, and spreading conflicts.

The deepening sense of polarity between the rich and the poor worlds will become much more intensified unless the basic needs of the latter's young and growing population are met more adequately within the next decade or so. The social, economic and political pressures arising from this will further unbalance the world economy and bear more directly upon the presently industrialized world.

Current Third World demands for a New International Economic Order—for resource transfers, commodity agreements, industrial parity, and greater equity—are only the leading edge of this potentially explosive situation.

Recognizing this, several large-scale proposals have emerged for a new "planetary bargain," or, as President Robert McNamara of the World Bank expressed it in 1976, a "global compact—to meet the basic human needs of the absolute poor—by the end of the century."[30] Suggesting many similarities between today's situation internationally and the economic devastation following World War II, one recent proposal calls for a new-type "Marshall Plan":

> "An international cooperative effort . . . [which] would require not only a continuing reduction in trade barriers to developing country goods, greater access for middle income countries to international financial markets, and the establishment of buffer stock programs for grain and other commodities but also an increase in concessional aid for assisting the world's poorest of some $12 to $15 billion annually in 1976 dollar [values] . . . Today, when the world's economy problem is that of restoring and maintaining economic activity at an acceptable level without unacceptably high rates of inflation, a 20-year 'Marshall Plan' is needed just as much by the old industrial rich and the new oil rich as by the South."[31]

Such global development proposals also encompass many of the needs of young children. However, the special urgency of their situation demands a more specific and more immediate set of targets—for the next ten rather than 20 years. These would include measures to:

- wipe out severe child malnutrition and reduce general malnutrition to more moderate proportions by food supplement programs;
- reduce infant mortality in the developing world to 50 or less per 1,000 live births compared to 113 at present;
- increase life expectancy in the developing regions to 65 years or more, against 56 at present;
- provide immunization for all children against the common diseases of childhood;
- ensure that all children and their families have access to a clean and convenient supply of water—and adequate sanitation; and
- increase the supply of minimally decent shelter for families.

Attaining these targets within ten years is not only possible but feasible at relatively low costs to nations and the international community. The ways to do so have already been pioneered by the World Health Organization, UNICEF and other international agencies, and by many national efforts.

The contribution to the alleviation of child poverty and deprivation would be immense, and achieving these short-term goals would contribute to greater well-being for adults as well.

Historically, we have assumed that better nutrition, education and housing were the spillover of economic prosperity. Increasing a country's total gross national product was thought likely to improve everyone's social condition.

Current thinking is that development should concentrate more directly on the people who are actually in need; and investment in people begins when the child is born.

But even if the physical problems of poverty were eliminated, many children's needs and problems would remain. And in a climate of rapid social and cultural change, other needs and problems will emerge in the future.

Today's children face a world radically different in many respects from that of their parents. Recent waves of technological change, including nuclear weapons, have changed the relationship of nation to nation and profoundly altered that of the local to the global environment. Tomorrow's world will be more complex technologically, more constrained in some of its physical aspects and perhaps more unconstrained in its possibilities.

We are just at the beginning of a biological revolution which may change many of the physical aspects of human life and development itself.

There are also many underlying, ongoing changes in human values, attitudes and perceptions. These may transform the relationship of people to each other and to their societies.

The wider concern with children and our changed relationship to the child is part of the heightened value given to human life in all societies although this is obscured by continued warring and destruction. This change is apparent in debates over crimes against humanity, the death penalty, and "rights to live" relative to abortion.

The decline of role, gender, and other stereotyping is another facet of such value shifts as people seek to be less limited by sex and minority or occupational roles and search for more individual and richer ways of life.

Where the chances for survival have improved, there has been a shift in value from things to people. Material possessions as the goal for life striving and as the measure of life attainment are becoming less important than previously. Human development begins to be prized above material investment. This is expressed in a variety of ways such as renewed concern with the family, child development, and the aging experience.

In the more affluent countries, there is a questioning of traditional production and consumption patterns. People no longer want or expect more of the same—and are even beginning to reject the notion that more is better. There is a search for more qualitatively satisfying and sustainable social and economic growth.

Changes in family structure and attitudes toward the family are likely to continue in the future. The family, in favorable circumstances, while losing its importance as an economic unit, is becoming more central as a context within which personal needs can be developed and expressed. Despite the pressures of industrial society upon the family, parents generally now have more time to spend with their families and to attend to one another's needs and those of their children.

Changes in the roles and status of women will have important consequences for the emotional climate of family life.

However ideal the relationship, marriage, in its traditional form, was fraught with strain, tension and resentment which overtly permeated child development. The mother was the one who mainly nurtured the child. Her dependency often engendered overpossessiveness; her feelings of inadequacy, subordination and loss of expectation often found outlets in power over her family. Though drawn in rather extreme terms, this pattern accounts for many of the "identity" problems in a changing society and has helped to perpetuate the differentials in sex roles.

Increasing latitude in divorce, changes in property laws and in human

rights combine to make marriage less constraining upon women. Changes of attitude by both sexes, their emphasis on individuality, self-fulfillment, and more interpersonal equality promise improvements in the internal aspects of marriage.

With the break in the transmission of norms and mores from one generation to another, there is less tendency for both partners to perpetuate the attitudes of their parents or to project these onto their children.

The single-parent family is becoming more acceptable and may well become a more established form in the future.

Although these changes are more perceptible in industrialized countries, some are emerging as future trends in other societies. People are marrying later. There is greater acceptance of wives and mothers working outside the home and earlier fears regarding child neglect due to this are waning as it becomes evident that children may benefit from auxiliary parenting and care. Family planning itself is becoming widespread. Besides reducing population growth, this helps ensure that children are the result of personal choice rather than biological accident. They are thus likely to be more wanted, and cared for accordingly.

The accepted structure of the family has already changed from the prevalance of more extended modes to nuclear to single-parent and other types in a couple of generations, and may be expected to continue to change in the next 20 years. Although its central importance is unlikely to decline, its functions will certainly be augmented by other social agencies.

In concert with these shifts in the future shape of human relationships affecting children, we may expect many changes in culture itself and the way it impinges upon children in their development.

Already there is both an emerging pluralism and a fragmentation in world culture, and an accompanying intermingling of common cultural forms. The affluent children of the West are more exposed to Eastern religious themes and attributes while their Eastern counterparts adopt the music and clothes fashions of a universalizing youth subculture.

This wide diffusion of rapidly changing role models and images of human conduct creates discontinuities in expectations and lifestyles between generations—so much so, that there are fears that all cultural identity will be lost in the homogenization of culture itself.

All of these trends are evidence of a more fundamental transition in our societies—of a sea-change in the basic paradigms around which we organize our social, economic and political life.

It is not an easy transition. It is accompanied by great social dissonance and uncertainty, with the possibility of increased conflict, violence, and an enormously enhanced capacity for self-destruction.

For International Year of the Child, our immediate focus in preparing for the uncertainties of the future, a fitting goal was expressed by the authors' colleague, Margaret Mead, the world-renowned anthropologist and person for all generations. In July 1978 she wrote:

"In a darkened world beset by the fear of nuclear holocaust, degradation of our soil and air and imbalance of population growth that threatens to strangle our human settlements, the Year of the Child stands like a beacon of hope. We must see that its light guides us and gives us direction for preparing a liveable, sustainable, beautiful world for our children—those who have been born, those who have been conceived but not yet born, and those children of the future not yet conceived. By keeping our eyes steadily on the pressing needs of children we can determine what needs to be done, and what can be prepared for but accomplished later. For babies cannot wait." □

World Education photo by Bill Napoleon

"In a darkened world . . . the Year of the Child stands like a beacon of hope."—Margaret Mead.

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World's Children Data Sheet

International Year of the Child
1979

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General Notes

This *World's Children Data Sheet* is issued to mark International Year of the Child, proclaimed by the United Nations to draw special attention to and encourage action to meet the needs of children throughout the world. Modelled after the annual *World Population Data Sheet* of the Population Reference Bureau, the *World's Children Data Sheet* gives demographic, health, education, and nutrition information for 150 countries. Insufficient information made it necessary to exclude 12 smaller countries usually included in PRB's annual Data Sheet.

Figures for regions and the world: Population totals for these areas take into account small countries and areas not listed on this Data Sheet. Totals may also not equal the sums of their parts because of independent rounding. All other data are weighted averages for countries for which data are available.

Sources of data are listed in the Footnotes. Further information on the source for any figure shown on this Data Sheet may be obtained by writing or telephoning the Population Reference Bureau.

Dashes indicate that data are unavailable.

Publication of the World's Children Data Sheet was made possible by a special grant from the U.S. Agency for International Development.

Footnotes

[1]Classification of "more developed" and "less developed" regions follows that of the United Nations, that is, the "more developed" regions comprise all of Europe, Northern America (the United States and Canada), Australia and New Zealand, Japan, the U.S.S.R., and Temperate South America (Argentina, Chile, and Uruguay). The rest of the world is regarded as "less developed."

[2]The primary source of the demographic information given in the first six columns of this Data Sheet is *Population by Sex and Age for Regions and Countries, 1950-2000, As Assessed in 1973: Medium Variant*, ESA/P/WP.60, February 1976, prepared by the Population Division, Department of Economic and Social Affairs, United Nations (UN). However, for 55 countries more recent estimates and projections were substituted in place of the UN 1973 assessment figures because they were found to be more in line with recently reported population totals and age structures and trends in fertility and mortality. Estimates and projections of the population under age 15 in these 55 countries come from the following sources: *Population Projections: 1975-2000*, April 1978, prepared by K. C. Zachariah and My Thi Vu, Population and Human Resources Division, World Bank, Washington, D.C.; U.S. Bureau of the Census, *Illustrative Projections of the World's Populations to the Twenty-first Century*, forthcoming 1979; UN *Demographic Yearbook*, 1975 and 1976 editions; statistical yearbooks of individual countries; and for the United States, U.S. Bureau of the Census, *Projections of the Population of the United States: 1977 to 2050*, Series P-25, No. 704, July 1977, and No. 721, April 1978.

[3]Based on the total number of children under age 15 shown for 1975 (column 1) and the year 2000 (column 6).

[4]Annual number of deaths to infants under one year of age per 1,000 live births. For countries with complete or nearly complete registration of births and deaths, nearly all rates refer to 1975 or 1976. For many developing countries with incomplete registration, rates are the latest available estimates. The source for all infant mortality rates shown is the *1978 World Population Data Sheet* of the Population Reference Bureau.

[5]Average number of years a newborn child could expect to live if current mortality conditions were to continue throughout his or her lifetime. Most of the life expectancy estimates shown refer to 1975. The source for all life expectancy figures given is the *1978 World Population Data Sheet* of the Population Reference Bureau.

[6]Percent of population in each age group enrolled in school. Data were obtained from unpublished tables of the Office of Statistics, UNESCO, Paris. The figures refer to 1975 with the following 9 exceptions: Uruguay, Kuwait, Gabon, and the People's Republic of Congo, 1974; Taiwan and Guyana, 1973 (Taiwan data from U.S. Bureau of the Census, Country Demographic Profiles, ISP-DP-12, 1978, and *Statistical Yearbook of the Republic of China: 1977*); Libya and Syria, 1970; and Democratic Kampuchea (Cambodia), 1969.

[7]The age range used here is 5-19. Most figures shown refer to 1974 or 1975. These estimates of school-age children per teacher come from Ruth Leger Sivard, *World Military and Social Expenditures: 1978*, WMSE Publications, Leesburg, Virginia, 1978. Sources for these data in turn were: for the population aged 5-19, the UN Working Paper No. 60 cited in footnote 2 above and UN *Demographic Yearbook*, 1975 and 1976 editions; for numbers of teachers, UNESCO, *Statistical Yearbook: 1976*, Paris, 1978, and statistical yearbooks of individual countries.

[8]Figures refer to the total population in each country or region. All estimates shown come from Food and Agriculture Organization (FAO) of the United Nations, *Fourth World Food Survey: 1977*, Rome, 1977. Percentages were obtained by dividing the estimated per capita calorie supply for 1972-1974 by the average per capita caloric intake necessary to maintain moderate activity, estimated by FAO on the basis of the age-sex structure of the population, climate, average body weight, and other factors in each country or region.

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Region or Country	Total Children under Age 15, 1975 (thousands)[2]	Children under Age 5, 1975 (thousands)[2]	Children Aged 5-9, 1975 (thousands)[2]	Children Aged 10-14, 1975 (thousands)[2]	Percent of Total Population under Age 15, 1975[2]	Projected Total Children under 15, Year 2000 (thousands)[2]	Percent Increase in Children under 15, 1975-2000[3]	Infant Mortality Rate[4]	Life Expectancy at Birth (years)[5]	Percent Enrolled in School, 1975[6] Males 6-11	Females 6-11	Males 12-17	Females 12-17	Number of School-Age Children per Teacher, 1975[7]	Per Capita Calorie Supply as Percent of Requirements[8]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Algeria	8,057	3,222	2,644	2,191	48	15,164	88	145	53	87	61	44	24	67	86
Egypt	14,992	5,570	4,906	4,516	41	23,104	54	108	53	80	52	49	27	80	105
Libya	1,000	401	324	275	44	1,923	92	130	53	100	72	64	22	24	114
Morocco	8,231	3,202	2,641	2,388	47	14,217	73	133	53	50	30	36	20	115	107
Sudan	6,888	2,772	2,279	1,837	45	12,213	77	141	49	38	20	25	12	155	88
Tunisia	2,551	927	828	796	44	4,085	60	135	55	91	63	44	24	72	99
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Benin	1,395	578	452	365	45	2,433	74	149	41	58	26	26	12	161	89
Cape Verde	130	40	50	40	44	121	-7	105	50	—	—	—	—	—	95
Gambia	208	84	68	56	41	335	61	165	40	37	18	21	8	173	97
Ghana	4,691	1,856	1,427	1,408	48	9,490	102	115	49	56	47	56	38	63	100
Guinea	1,905	781	616	508	43	3,591	88	175	41	32	16	29	11	112	86
Guinea Bissau	196	80	64	52	37	325	66	208	39	83	40	26	13	—	101
Ivory Coast	3,024	1,258	1,067	699	45	5,962	97	154	44	76	47	60	29	91	114
Liberia	649	266	208	175	41	1,332	105	159	45	45	29	59	24	117	86
Mali	2,506	1,051	789	666	44	5,102	104	188	38	23	14	22	10	203	75
Mauritania	538	215	173	150	42	960	78	187	39	24	10	21	6	151	81
Niger	2,092	883	661	548	46	4,468	114	200	39	17	10	8	4	420	79
Nigeria	28,397	11,697	9,039	7,661	45	62,488	120	157	41	45	32	24	14	140	88
Senegal	2,162	891	692	579	43	3,777	75	159	40	33	24	35	21	196	92
Sierra Leone	1,274	518	409	347	43	2,385	87	136	44	38	27	28	14	118	98
Togo	1,024	428	328	268	46	2,058	101	163	41	97	53	62	25	103	94
Upper Volta	2,618	1,082	841	695	43	4,648	78	182	38	14	9	7	4	534	73
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Burundi	1,622	674	513	435	43	3,102	91	150	42	23	16	11	5	265	101
Comoros	133	55	42	36	43	143	8	160	46	—	—	—	—	—	97
Ethiopia	12,207	5,099	3,858	3,250	44	24,043	97	162	42	19	11	21	9	342	88
Kenya	6,160	2,581	1,962	1,617	46	14,361	133	119	50	98	91	58	40	52	92
Madagascar	3,631	1,542	1,137	952	45	8,309	129	102	44	72	64	38	28	121	104
Malawi	2,231	890	723	618	45	4,106	84	142	43	49	39	61	30	163	104
Mauritius	322	97	108	117	38	308	-4	40	63	96	93	57	48	42	107
Mozambique	3,984	1,549	1,255	1,180	43	7,611	91	140	44	56	31	17	8	272	85
Reunion	213	69	77	67	43	195	-8	44	63	100	100	84	94	—	113
Rhodesia	2,984	1,213	897	874	48	7,037	113	122	52	73	61	30	19	98	104
Rwanda	1,830	793	551	486	44	3,902	103	133	41	51	43	14	11	168	91
Somalia	1,427	566	427	434	45	2,894	136	177	41	34	23	22	7	244	83
Tanzania, United Rep. of	7,210	2,989	2,310	1,911	47	15,525	107	167	44	49	35	35	21	182	84
Uganda	5,043	2,068	1,615	1,360	44	10,440	115	160	50	55	37	27	17	133	92
Zambia	2,395	994	740	661	48	5,526	131	159	44	75	70	64	42	89	87

Region or Country	Total Children under Age 15, 1975 (thousands)[2]	Children under Age 5, 1975 (thousands)[2]	Children Aged 5-9, 1975 (thousands)[2]	Children Aged 10-14, 1975 (thousands)[2]	Percent of Total Population under Age 15, 1975[2]	Projected Total Children under 15, Year 2000 (thousands)[2]	Percent Increase in Children under 15, 1975-2000[3]	Infant Mortality Rate[4]	Life Expectancy at Birth (years)[5]	Percent Enrolled in School, 1975[6] Males 6-11	Females 6-11	Males 12-17	Females 12-17
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	43	[illegible]	94	184	42	78	64	32	28
Angola	2,674	1,115	842	717	42	5,572	108	203	38	68	43	24	16
Cameroon, United Rep. of	3,195	1,291	1,017	887	43	5,659	77	137	41	90	78	53	32
Central African Empire	752	297	248	207	42	1,430	90	190	41	84	45	42	15
Chad	1,627	661	496	470	40	2,783	71	160	38	38	15	18	4
Congo, People's Rep. of	570	235	182	153	42	1,204	111	180	44	—	—	—	—
Equatorial Guinea	115	45	37	33	37	185	61	165	44	73	60	41	24
Gabon	167	66	53	48	32	210	26	178	41	—	—	—	—
Zaire	10,814	4,287	3,552	2,975	44	21,650	100	160	44	80	55	60	29
[illegible]	11,787	3,832	3,253	3,472	41	19,923	69	119	52	82	86	74	78
Botswana	319	123	99	97	46	630	98	97	56	66	76	33	42
Lesotho	440	179	138	123	38	794	80	114	46	65	94	53	77
Namibia	392	159	126	107	44	827	111	177	49	—	—	—	—
South Africa	10,420	4,473	2,866	3,081	41	17,282	66	117	52	84	86	76	72
Swaziland	216	88	64	64	46	390	80	168	44	75	75	59	55
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	38	1,002,575	24	105	58	73	54	43	28
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	42	[illegible]	78	117	55	78	57	54	32
Bahrain	113	44	37	32	44	174	54	78	63	82	71	81	72
Cyprus	204	68	67	69	30	199	−2	27	71	64	64	58	55
Iraq	5,159	2,084	1,683	1,392	47	10,131	96	104	53	98	54	65	28
Israel	1,144	438	367	339	33	1,568	37	20	73	100	100	71	80
Jordan	1,251	504	410	337	47	2,438	95	97	53	80	71	57	45
Kuwait	440	179	153	108	44	1,214	176	44	69	67	62	67	59
Lebanon	1,241	483	393	365	43	2,451	98	59	64	93	85	70	55
Oman	329	129	108	92	43	678	106	138	—	53	26	23	6
Qatar	73	29	24	20	43	144	98	138	—	—	—	—	—
Saudi Arabia	4,009	1,657	1,286	1,066	45	7,816	95	152	45	46	24	32	20
Syria	3,301	1,314	1,082	905	45	6,579	99	114	57	98	60	56	23
Turkey	16,059	5,403	5,446	5,210	40	24,972	56	119	57	78	66	57	34
Yemen	2,023	835	649	539	45	3,536	75	155	45	33	5	13	1
Yemen, Democratic	742	306	238	198	45	1,437	94	155	45	88	46	52	14
[illegible]	257,416	138,472	116,309	102,635	43	489,949	37	133	49	70	44	35	17
Afghanistan	5,895	2,417	1,932	1,546	44	9,694	64	190	40	26	5	23	4
Bangladesh	36,848	15,155	12,001	9,692	46	65,777	78	153	46	70	31	30	8
Bhutan	495	196	161	138	42	849	72	—	44	16	4	7	2
India	255,868	97,643	83,206	75,019	42	318,756	25	129	49	73	49	36	19
Iran	15,038	6,007	4,861	4,170	46	26,280	75	104	57	81	50	67	40
Nepal	5,280	2,066	1,727	1,487	42	9,276	76	152	44	44	10	17	4
Pakistan	32,693	13,224	10,544	8,925	47	53,678	63	139	51	58	26	18	6
Sri Lanka	5,299	1,764	1,877	1,658	39	5,639	6	47	68	61	63	54	54

Region or Country	Total Children under Age 15, 1975 (thousands)[1]	Children under Age 5, 1975 (thousands)[1]	Children Aged 5-9, 1975 (thousands)[1]	Children Aged 10-14, 1975 (thousands)	Percent of Total Population under Age 15, 1975	Projected Total Children under 15, Year 2000 (thousands)[2]	Percent Increase in Children under 15, 1975-2000[2]	Infant Mortality Rate[4]	Life Expectancy at Birth (years)[5]	Percent Enrolled in School, 1975[6]				Number of School-Age Children per Teacher, 1975[7]	Per Capita Calorie Supply as Percent of Requirements[8]
										Males 6-11	Females 6-11	Males 12-17	Females 12-17		
EAST ASIA	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	—	—
Burma	12,330	4,816	4,053	3,461	41	18,094	47	140	50	65	61	30	23	111	99
Dem. Kampuchea (Cambodia)	3,672	1,460	1,191	1,021	45	6,219	69	150	45	78	59	43	18	124	94
East Timor	282	111	90	81	42	426	51	175	40	97	56	30	12	50	—
Indonesia	54,284	20,121	17,866	16,297	42	65,446	21	137	48	66	58	42	32	91	94
Laos	1,389	548	454	387	42	2,169	56	175	40	61	48	19	11	130	94
Malaysia	5,311	2,000	1,720	1,591	44	7,327	38	41	68	94	91	55	45	52	115
Philippines	18,811	6,860	6,462	5,489	44	24,497	30	80	58	78	78	60	60	52	86
Singapore	736	222	234	280	33	733	0	12	71	100	100	58	56	47	123
Thailand	18,056	6,668	6,017	5,371	43	26,210	45	89	61	80	76	39	29	64	104
Vietnam	18,979	7,448	5,861	5,670	41	33,282	75	115	48	--	—	—	—	54	106
EAST ASIA	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	—	—
China, People's Rep. of	300,042	107,565	99,260	93,217	33	293,670	-2	65	65	—	—	—	—	46	97
Hong Kong	1,332	383	423	526	32	1,316	-1	14	72	89	89	83	79	—	114
Japan	27,109	9,936	8,930	8,243	24	27,171	0	9	74	100	100	95	95	38	121
Korea, Dem. People's Rep. of	6,598	2,451	2,209	1,938	42	9,064	37	70	61	—	—	—	—	82	113
Korea, Rep. of	13,616	4,542	4,478	4,596	39	14,915	10	47	65	100	100	70	56	71	117
Mongolia	633	241	216	176	44	948	50	70	61	73	72	61	59	49	102
Taiwan	5,705	1,783	1,916	2,006	35	6,597	16	25	70	94	93	72	60	58	—
NORTH AMERICA	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**
Canada	6,041	1,762	1,923	2,356	26	6,143	2	14	73	100	100	89	90	23	128
United States	53,613	15,879	17,325	20,409	25	57,005	6	15	73	99	99	95	96	24	134
LATIN AMERICA	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**
MIDDLE AMERICA	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	—	—
Costa Rica	841	293	275	273	42	1,258	50	38	68	94	95	49	50	49	112
El Salvador	1,908	730	628	550	46	3,635	90	55	58	62	63	56	49	86	82
Guatemala	2,710	1,076	891	743	44	4,900	81	75	53	51	49	32	24	97	91
Honduras	1,356	560	443	353	47	2,839	109	103	55	67	67	40	39	67	91
Mexico	28,225	10,887	9,385	7,953	47	52,876	87	66	65	91	89	62	47	58	116
Nicaragua	1,094	440	354	300	48	2,157	97	110	53	54	57	47	48	84	106
Panama	720	268	238	214	43	1,206	68	47	66	94	95	72	70	37	101
CARIBBEAN	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	—	—
Barbados	83	25	27	31	34	70	-16	28	69	—	—	—	—	44	133
Cuba	3,469	1,110	1,200	1,159	37	4,600	33	27	70	100	100	67	63	28	118
Dominican Republic	2,254	895	742	617	48	3,303	47	96	58	75	79	56	56	85	95
Guadeloupe	142	47	49	46	40	131	-8	35	65	100	100	75	92	—	103
Haiti	1,840	677	605	558	40	2,511	36	115	50	44	34	23	16	186	90
Jamaica	936	313	318	305	46	922	-2	20	68	89	90	58	65	50	118
Martinique	148	50	51	47	41	131	-12	32	65	100	100	78	96	—	103
Puerto Rico	984	311	337	336	34	909	-8	21	72	100	100	89	94	44	—
Trinidad and Tobago	394	120	131	143	39	322	-18	31	66	96	96	70	64	—	105
TROPICAL SOUTH AMERICA	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	—	—
Bolivia	1,950	773	630	547	43	3,816	96	157	48	71	63	58	39	45	78
Brazil	46,236	18,668	14,206	13,362	42	87,146	88	109	61	69	71	54	52	43	106
Colombia	9,410	3,153	2,915	3,342	40	10,413	11	90	61	62	67	54	56	62	93
Ecuador	3,264	1,257	1,095	912	46	5,833	79	66	60	79	79	56	52	54	91
Guyana	346	116	119	111	44	361	4	50	68	86	86	63	62	41	103
Paraguay	1,194	456	397	341	45	2,094	75	65	62	76	76	53	42	43	118
Peru	6,755	2,620	2,257	1,878	44	11,917	76	80	56	81	78	80	67	54	99
Surinam	210	78	70	62	50	373	78	30	66	—	—	—	—	—	105
Venezuela	5,427	1,949	1,794	1,684	44	8,451	56	49	65	75	74	53	58	59	97

Region or Country	Total Children under Age 15, 1975 (thousands)[2]	Children under Age 5, 1975 (thousands)[2]	Children Aged 5-9, 1975 (thousands)[2]	Children Aged 10-14, 1975 (thousands)[2]	Percent of Total Population under Age 15, 1975[2]	Projected Total Children under 15, Year 2000 (thousands)[2]	Percent Increase in Children under 15, 1975-2000[3]	Infant Mortality Rate[1]	Life Expectancy at Birth (years)[1]	Percent Enrolled in School, 1975[4] Males 6-11	Females 6-11	Males 12-17	Females 12-17
TEMPERATE SOUTH AMERICA	**11,516**	**4,001**	**3,833**	**3,770**	**33**	**16,200**	**41**	**57**	**66**	**98**	**98**	**70**	**73**
Argentina	7,236	2,562	2,376	2,298	29	8,226	14	59	68	100	100	61	66
Chile	3,661	1,250	1,184	1,227	36	4,349	19	56	63	100	100	85	85
Uruguay	779	263	263	253	28	821	5	49	69	70	71	72	80
EUROPE	**112,715**	**35,549**	**35,186**	**34,980**	**24**	**118,880**	**5**	**20**	**71**	**95**	**96**	**81**	**88**
NORTHERN EUROPE	**18,988**	**5,826**	**5,676**	**6,006**	**23**	**20,246**	**7**	**13**	**72**	**98**	**98**	**82**	**83**
Denmark	1,121	343	386	392	22	1,080	−4	10	74	99	99	87	76
Finland	1,014	292	343	379	22	850	−16	10	71	86	90	82	87
Iceland	66	22	21	23	30	67	2	8	75	—	—	—	—
Ireland	973	340	319	314	31	1,099	13	15	71	96	97	81	85
Norway	964	324	329	311	24	974	1	10	75	84	84	88	89
Sweden	1,695	551	581	563	21	1,898	12	9	75	80	82	86	87
United Kingdom	13,075	3,954	4,497	4,624	23	14,278	9	14	72	98	98	85	85
WESTERN EUROPE	**36,040**	**10,411**	**12,075**	**12,554**	**23**	**35,705**	**2**	**14**	**72**	**95**	**96**	**87**	**89**
Austria	1,753	501	609	643	23	1,709	−2	18	71	93	93	70	72
Belgium	2,217	709	718	790	23	2,258	2	14	71	97	97	85	87
France	12,809	4,333	4,213	4,263	24	13,354	4	13	73	97	100	79	85
Germany, Fed. Rep. of	13,286	3,381	4,808	5,097	21	13,419	1	17	71	96	96	90	93
Luxembourg	71	22	23	26	21	71	0	18	70	97	98	78	71
Netherlands	3,463	1,028	1,204	1,231	25	3,463	0	11	74	92	94	90	88
Switzerland	1,441	437	500	504	23	1,431	−1	11	73	82	84	74	65
EASTERN EUROPE	**24,442**	**8,256**	**8,201**	**7,985**	**23**	**26,249**	**7**	**25**	**70**	**92**	**91**	**80**	**81**
Bulgaria	1,954	679	644	631	22	2,239	15	23	71	77	78	80	80
Czechoslovakia	3,358	1,189	1,073	1,096	23	3,769	12	21	70	95	98	65	73
German Dem. Rep.	3,646	986	1,231	1,429	22	3,515	−4	14	72	99	100	84	84
Hungary	2,143	791	710	642	20	2,192	2	30	69	96	97	77	71
Poland	7,980	2,683	2,523	2,774	24	8,272	4	24	71	90	87	73	78
Romania	5,361	1,928	2,020	1,413	25	6,262	17	31	70	89	84	99	95
SOUTHERN EUROPE	**33,825**	**11,056**	**11,354**	**11,415**	**26**	**35,880**	**6**	**24**	**71**	**97**	**97**	**73**	**66**
Albania	1,012	375	323	314	41	1,325	31	87	68	—	—	—	—
Greece	2,160	690	759	711	24	2,071	−4	23	72	100	99	76	64
Italy	13,193	4,225	4,502	4,466	24	12,858	−2	19	72	100	100	77	70
Malta	81	27	24	30	25	71	−12	14	70	95	97	80	72
Portugal	2,336	733	765	838	27	2,265	−3	39	69	98	97	57	54
Spain	9,562	3,186	3,171	3,205	27	11,418	19	11	72	100	100	67	61
Yugoslavia	5,481	1,820	1,810	1,851	26	5,872	7	36	68	69	70	90	79
USSR	**65,749**	**21,541**	**20,284**	**23,924**	**26**	**74,246**	**13**	**28**	**69**	**99**	**99**	**77**	**82**
OCEANIA	**7,023**	**2,432**	**2,305**	**2,286**	**32**	**9,645**	**37**	**41**	**68**	**88**	**87**	**75**	**71**
Australia	3,799	1,293	1,231	1,275	29	5,054	33	14	72	99	99	82	80
Fiji	220	67	75	78	38	207	−6	41	70	—	—	—	—
New Zealand	914	291	308	315	29	966	6	16	72	100	100	84	83
Papua New Guinea	1,140	438	375	327	42	1,966	72	106	48	—	—	—	—